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SEX KNOWLEDGE FOR WOMEN AND GIRLS

WHAT EVERY WOMAN AND GIRL SHOULD KNOW

BY

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A woman may know *more* than is contained in this book; she may not know *less*

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PREFACE

For many years the author has been receiving requests to write an elementary sex book, presenting the various sex problems which are of importance to man and boy, and to woman and girl, from *his* point of view. "You are condemning the existing sex books. How would you impart sex knowledge to the average male and female?" This was the substance of many questions. I have given my answer in "Sex Knowledge for Men," published several months ago, and in the present volume. This contains the minimum of "What every woman and girl should know" regarding their sex. Those women—and men—who want more knowledge on the subject of sex may consult the author's "Woman: Her Sex and Love Life."

W. J. R.

February 1, 1917,
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SEX KNOWLEDGE FOR WOMEN AND GIRLS

Chapter One

THE PARAMOUNT NEED OF SEX KNOWLEDGE FOR GIRLS AND WOMEN

The first reason why sex instruction is even more important for girls than it is for boys is because a misstep in a girl has much more disastrous consequences than it has in a boy. The disastrous results of a misstep in a boy are only physical in character; the results of the *same* misstep in a girl may be physical, moral, social and economic. To speak more plainly. If a boy, through ignorance, rashly indulges in illicit sexual relations, the worst consequence to him may be infection with a venereal disease. But he is not considered immoral, he is not despised, he is not ostracized, he does not lose his social standing in the slightest degree, and when he is cured of his venereal disease he has no difficulty in getting married. He does not even have to conceal his past sexual history from his wife. But if a

girl makes a misstep the consequences to her are terrible indeed; it may not only cost her her health and social standing, she may have to pay with her very life. She runs the risk of venereal infection the same as the boy does, but in addition she runs the risk of becoming pregnant, which in our present social system is a catastrophe indeed. To save herself from the disgrace of an illegitimate child she may have an abortion produced; the abortion may have no bad results, but it may, if performed bunglingly, leave her an invalid for life, or it may kill her outright. If she is so unfortunate as to be unable to get anybody to produce an abortion, she gives birth to an illegitimate child, which she is forced in most cases to put away in an institution of some sort where she hopes and prays it may die soon—and, in general, it does. If it does not die, she has for the rest of her life a Damocles' sword hanging over her head, and she is in constant terror lest her sin be found out. She does not permit herself to look for a mate, but if she does get married, the specter of her antematrimonial experience is constantly before her eyes. After years and years of married life, the husband may divorce her if he finds out that she had "sinned" before she knew him. And unless the husband is a broad-minded man and loves her truly and unless she made a clean breast of everything to

him before marriage, her life is continuous torture. But even if the girl escaped pregnancy, the mere finding out that she had an illicit experience deprives her of social standing, or makes her a social outcast and entirely destroys or greatly minimizes her chances of ever marrying and establishing a home of her own. She must remain a lonely wanderer to the end of her days.

The enormous difference in the results of a misstep in a boy and a girl is clearly seen, and for this reason alone, if for no other, sex instruction is of more importance to the girl than it is to the boy.

But there are other important reasons, and one of them is beautifully and truthfully expressed by Byron in his two well-known lines.

> Man's love is of man's life a thing apart,
> 'Tis woman's whole existence.

Yes, love is a woman's whole life.

Some modern women might object to this. They might say that this was true of the woman of the past, who was excluded from all other avenues of human activity. The woman of the present day has other interests besides those of Love. But I claim that this is true of only a small percentage of women; and in even this small minority of women,

social, scientific and artistic activities cannot take the place of love; no matter how busy and successful these women may be, they will tell you if you enjoy their confidence that they are unhappy, if their love life is unsatisfactory. Nothing, nothing can fill the void made by the lack of love. The various activities may help to cover up the void, to protect it from strange eyes, they cannot fill it. For essentially woman is made for love. Not exclusively, but essentially, and a woman who has had no love in her life has been a failure. The few exceptions that may be mentioned only emphasize the rule.

But not only psychically is a woman's love and sex life more important than a man's, physically she is also much more cognizant of her sex and much more hampered by the manifestation of her sex nature than man is. To take but one function, menstruation. From the age 13 or 14 to the age of forty-five or fifty it is a monthly reminder to woman that she is a woman, that she is a creature of sex; and, while to many women this periodically recurring function is only a source of some annoyance or discomfort, to a great number it is a cause of pain, headache, suffering, or complete disability. Man has no such phenomenon to annoy him practically his whole life.

But more important are the results of love-union,

of sex relations. A man after a sexual relation is just as free as he was before. A woman, if the relation has resulted in a pregnancy, which is generally the case, unless special pains are taken it should not so result, has nine troublesome months before her, months of discomfort if not of actual suffering; she then has an extremely trying and painful ordeal, that of childbirth, and then there is another trying period, the period of lactation or of nursing and of bringing up the baby. The penalty seems almost too great.

And when the woman is on the point of ceasing to menstruate she does not do so smoothly and comfortably. She has to go through a period called the menopause, which may last one or two years and which may bring discomforts and dangers of its own. Man does not have to go through such a distinct period of demarcation separating his sexual from his non-sexual life. Altogether it cannot be denied that woman is much more a slave of her sex nature than man is of his. Yes, Nature has handicapped woman much more heavily than she has man.

In short, both in view of the fact that sexual ignorance with its possible missteps has much more disastrous consequences for the girl than it has for the boy, and in view of the fact that the sex instinct and its physical and psychic manifestations occupy

a much more important part in woman's life than they do in the life of man, we consider the necessity of sex instruction much greater in the case of woman than in the case of man. I do not wish to be misunderstood as underestimating the need of sex instruction for the male—only I consider the need even greater in the case of the female.

Chapter Two

THE FEMALE SEX ORGANS: THEIR ANATOMY

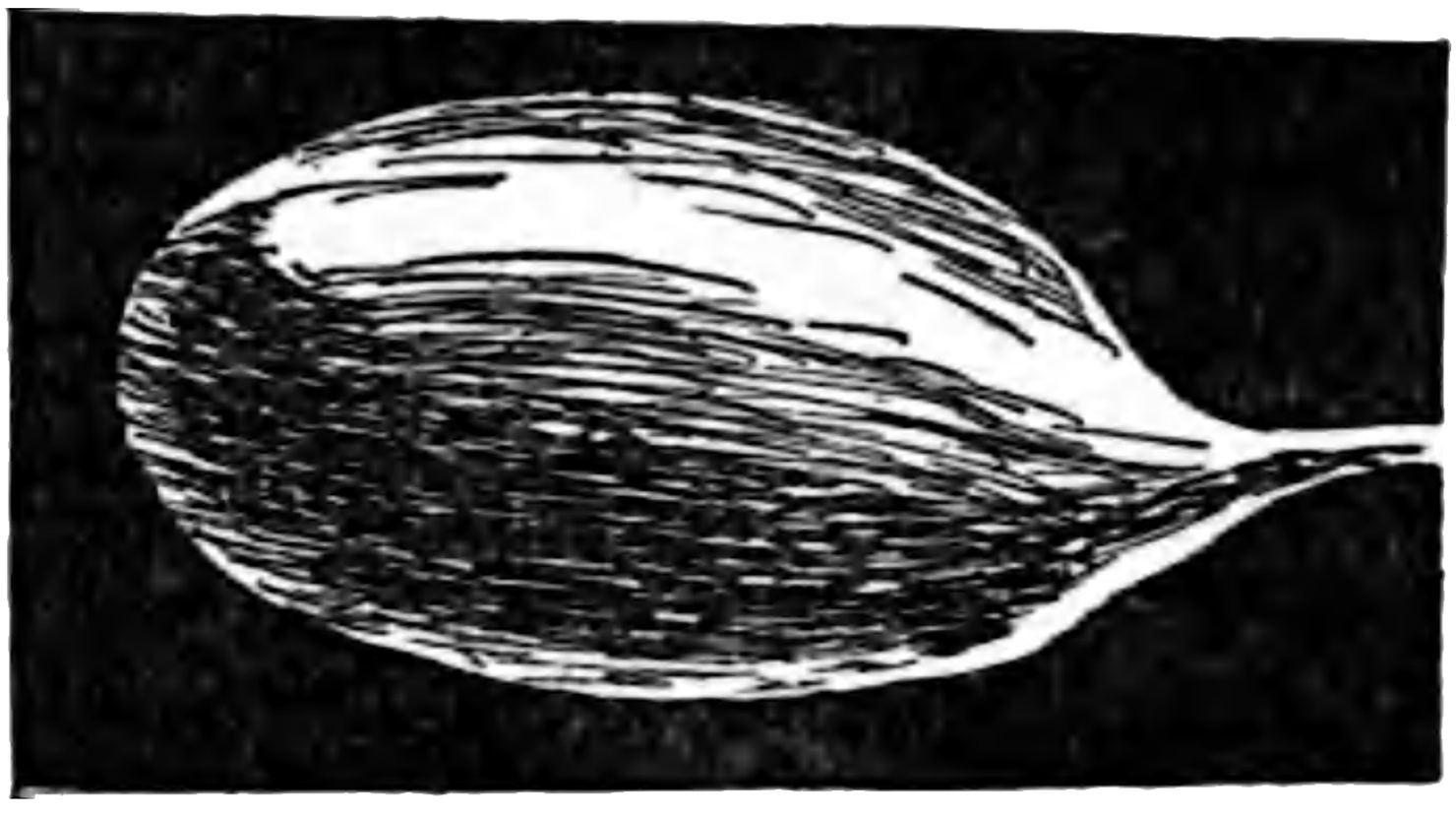
The organs which primarily distinguish one sex from the other are the sex organs. It is by the aid of the sex organs that children are begotten and brought into the world, that the race is *reproduced* and perpetuated. It is for this reason that the sex organs are also called the Reproductive Organs.

The first thing we must do is to become familiar with the *structure* and *location* of the sex organs; in other words, we must get a fair idea of their *Anatomy*.

The female sex organs, also called the reproductive or generative organs, are divided into internal and external. The internal are the most important and consist of: the ovaries, Fallopian tubes, uterus or womb, and vagina. The external sex organs of the female are: the vulva, hymen, and clitoris. Among the external organs are also generally included the mons Veneris and the breasts or mammary glands.

THE INTERNAL SEX ORGANS

The Ovaries. The ovaries are the essential organs of reproduction. For it is they that generate the eggs, or *ova*, or *ovules*, which, after becoming *fertilized* or *fecundated* by the spermatozoa of the male,



OVARY.

develop into children. Without the ovaries of the female, the same as without the testicles of the male (to which they correspond), no children could be begotten, and the entire human race would quickly disappear from our planet. The ovaries are two in number; they are embedded in the *broad ligaments* which support the womb in the pelvis, one on each side of the womb. They are of a grayish or whitish pink color, and are about an inch and a half long, three-quarters of an inch wide, and one-third of an inch thick. They weigh from one-eighth to one-quarter of an ounce. Their surface is either smooth or rough and puckered. Think of a large blanched

almond and you will have a pretty fair idea of the size and shape of an ovary.

The Fallopian Tubes. The Fallopian tubes (so called from Fallopius, a great anatomist, who discovered them; also called oviducts: egg conductors, because they conduct the eggs from the ovary into the uterus) are two very thin tubes, extending one from each upper angle of the womb to the ovaries; but at their ovarian end they expand into a fringed and trumpet-shaped extremity. The fringes are referred to as *fimbria*. They are about five inches long and only about one-sixteenth of an inch in diameter; the function of the tubes is to catch the ova as they burst forth from the ovaries and to convey them to the uterus. Taking into consideration the very narrow *lumen*, or *caliber*, of the Fallopian tubes, it is easy to understand why even a very slight inflammation is apt to clog them up, to seal their mouths or openings, thus rendering the woman *sterile*, or incapable of having children. For, if the Fallopian tubes are "clogged" up, the eggs, or ova, have no way of reaching the uterus.

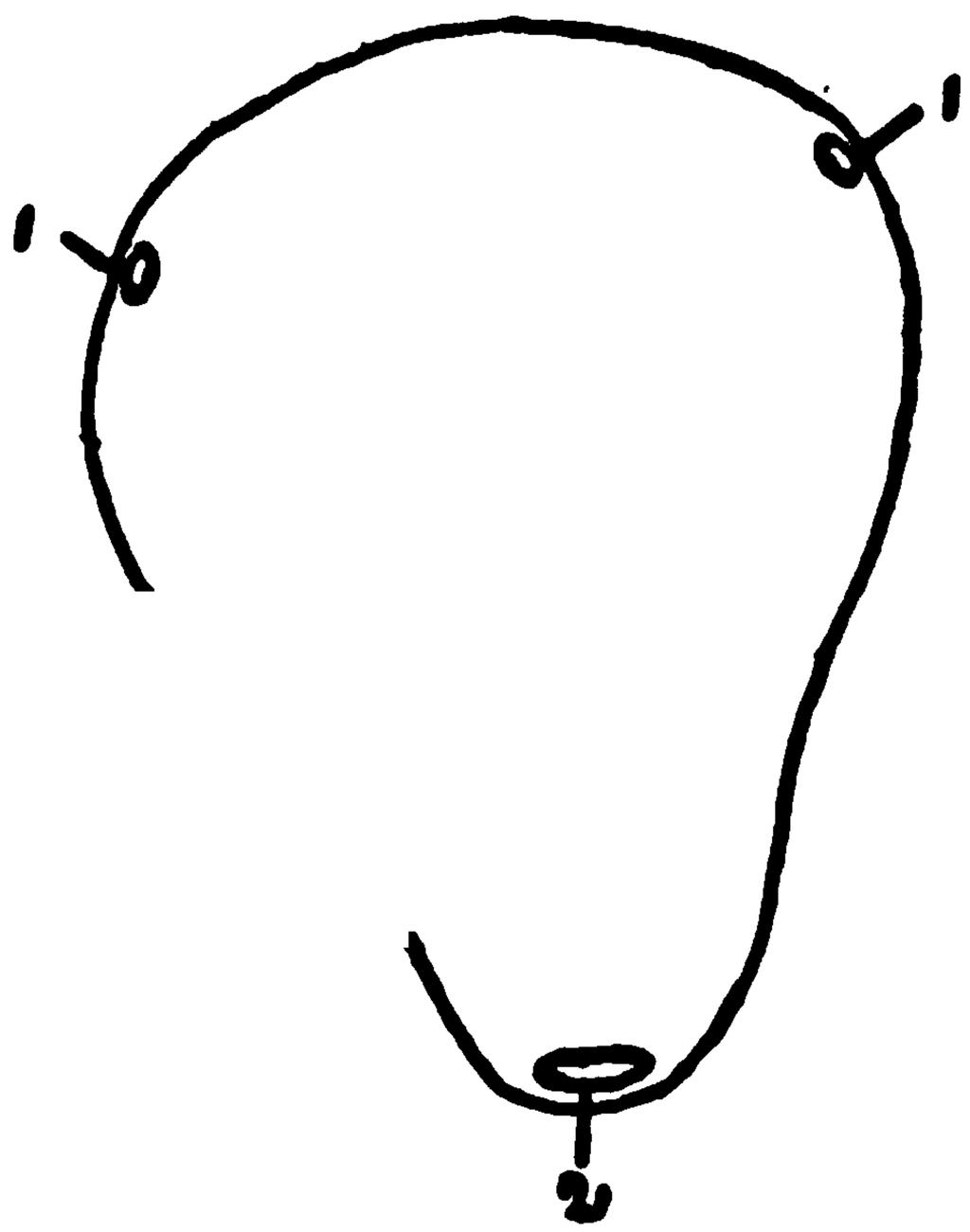
The Greek name for the Fallopion tube is salpinx (salpinx in Greek means tube). An inflammation of the Fallopian tube is therefore called salpingitis.

The Uterus. The uterus or womb is the organ in which the fertilized ovum, or egg, grows and devel-

ops into a child. It is a hollow muscular organ, about the size of a pear, with thick walls, capable under the influence of pregnancy of great expansion and growth. The broad part of the pear is called the *body* of the uterus; the lower narrow part is called the *neck* of the uterus, or *cervix*. The uterus in the adult girl or woman is about three inches long, two inches broad in its upper part and nearly an inch thick. It weighs from an ounce to an ounce and a half. When the uterus is in a pregnant condition, it increases enormously, both in size and in weight, as we will see in a future chapter. The cavity of the uterus is somewhat triangular in shape; at each upper angle is the small opening communicating with the Fallopian tube; the upper portion of the uterus is called the fundus; the external opening of the womb, situated in the center of the cervix, is called the mouth of the womb, or the *os*, or external os.

The uterus is situated in the center of the pelvis, between the bladder and the rectum. It is supported by certain ligaments, the chief of which are the broad ligaments; but, on account of general weakness, too hard physical labor, or lifting heavy weights, the ligaments may stretch, and the uterus may sink down low in the vagina, and we then have the condition known as prolapse of the womb. Or

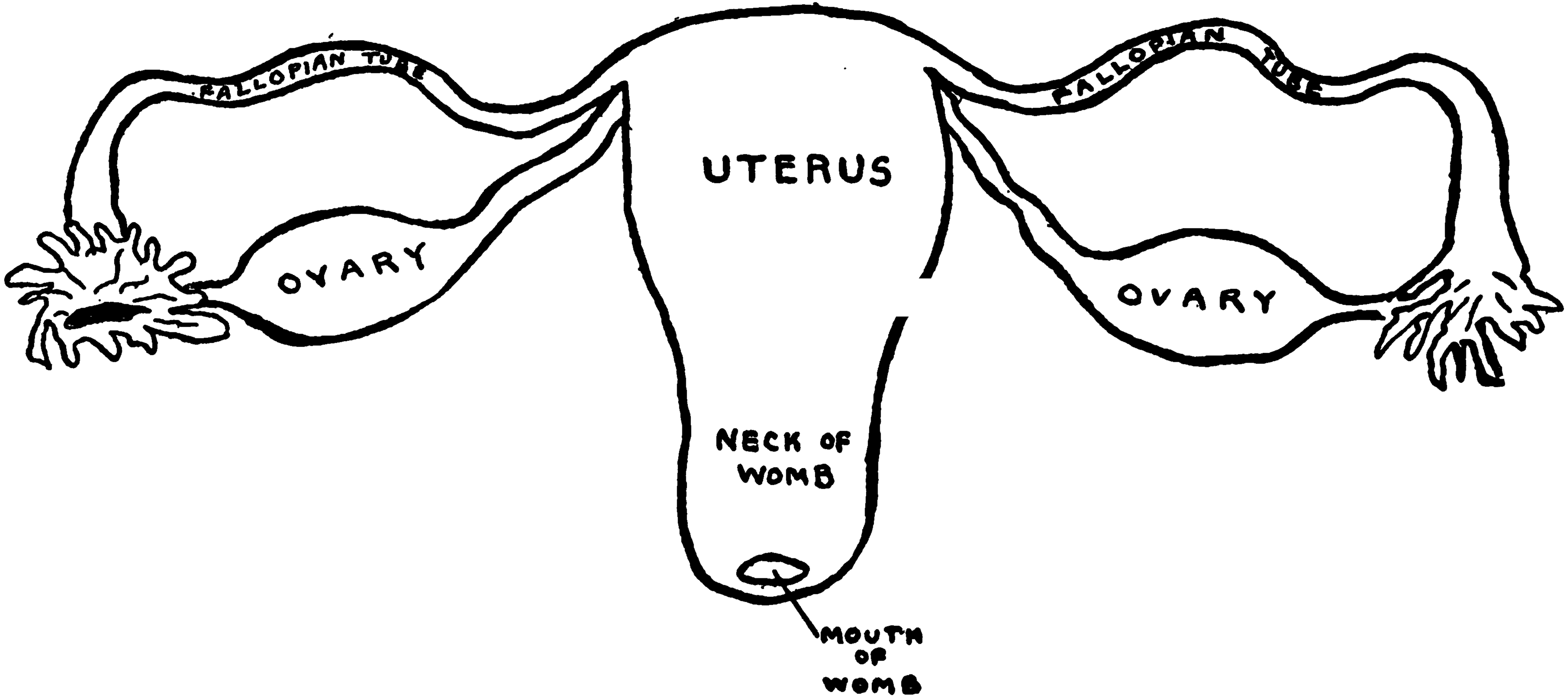
the womb may turn forward, when we have a condition of *anteversion.* If the womb is *bent* (or *flexed*) forward on itself the condition is called *anteflexion.* If the womb is turned backwards, the condition is called *retroversion;* if it is bent or flexed backward upon itself the condition is called *retroflexion.* An extreme degree of anteversion or anteflexion, or retroversion or retroflexion, may interfere with impregnation, as the spermatozoa may find it difficult or impossible to reach the opening of the womb—the external os.



1. Openings into the Fallopian Tubes.
2. Mouth of the Womb.

The entire cavity of the uterus is lined by a mucous membrane; * this mucous membrane is called the endometrium (endo—within; metra—uterus). An inflammation of the endometrium is called *endometritis.* It is the endometrium that is principally concerned in menstruation—that is, it is from it that the monthly discharge of blood comes.

* Mucous membrane—briefly a membrane which secretes mucus or some other fluid.


FALLOPIAN TUBE
FALLOPIAN TUBE
UTERUS
OVARY
OVARY
NECK OF WOMB
MOUTH OF WOMB

The Vagina [vagina in Latin—a sheath]. The vagina is the tube or canal which serves as a passage-way between the uterus and the outside of the body. It extends from the external genitals or vulva to the neck of the womb, embracing the latter for some distance. It is a strong, fibromuscular canal, lined with mucous membrane. It is not smooth inside, but arranged in folds, or *rugæ*, so that when necessary, as during childbirth, it can stretch enormously and permit the passage of a child's head. The length of the vaginal canal is between three and five inches, but it is in general much more capacious in women that have borne one or more children than in those who have not borne any.

Near the vaginal entrance are situated two small glands; they are about the size of a pea, and secrete mucus. They are called Bartholin's glands; occasionally they become inflamed and give a good deal of trouble.

The Hymen [hymen in Greek—a membrane]. The external opening of the vagina, in virgins, that is, in girls or women who have not had sexual intercourse, is almost entirely closed by a membrane called the hymen. The vulgar name for hymen is "maidenhead." The hymen may be of various shapes, and of different consistency. In some girls it is a very thin membrane, which tears very readily; in others it is

quite tough. On the upper margin or in the center of the hymen there is an opening which permits any secretion from the vagina and the blood from the uterus to come through. In rare cases there is no opening in the hymen, that is, the vagina is entirely closed. Such a hymen is called *imperforate* (not perforated). When the girl begins to menstruate, the blood cannot come out and it accumulates in the vagina. In such cases the hymen must be opened or slit by a doctor. In some cases the hymen is congenitally absent; that is, the girl is born without any hymen. While the hymen is usually ruptured during the first intercourse, it, in some cases, being elastic and stretchable, persists untorn after sexual intercourse. It will therefore be seen that just as the presence of the hymen is no absolute proof of virginity, so is the absence of the hymen no absolute proof that the girl has had sexual relations. She might have been born without any hymen, or it might have been ruptured by vaginal examination, by a vaginal douche, by scratching to relieve itching, or by some accident.

THE EXTERNAL GENITALS

The Vulva. The external genitals of the female are called the *vulva*. The vulva consists of the labia

majora (meaning the larger lips), which are on the outside and which in the grown-up girl are covered with hair, and the labia minora (the smaller lips), which are on the inside and which are usually only seen when the labia majora are taken apart.

The Mons Veneris. The elevation above the vulva, which during puberty becomes covered with hair, is called by the fanciful name, *mons Veneris*, or Venus' mountain. It is usually well padded with fatty tissue.

The Clitoris. The clitoris is a small body about an inch in length, situated beneath the mons Veneris and partly or entirely covered by the upper borders of the labia minora.

The Urethra. Between the clitoris above and the opening of the vagina below is situated the opening of the *urethra*, or the urinary meatus, through which the urine passes. Many women are so ignorant, or, let us say innocent, that they think the urine passes out through the vagina. This is not so. The vagina has nothing to do with the process of urination.

Again enumerating the female sex organs, but in the reverse order, from before backward, or from out inward, we have: The mons Veneris and the labia majora, or the external lips of the vulva; these are the plainly visible parts of the female genital organs. When the labia majora are taken apart we

see the labia minora; when the labia majora and minora are taken apart we can see or feel the clitoris and the hymen, or the remains of the hymen. We then have the vagina, a large, stretchable musculo-membranous canal, in the upper portion of which the neck of the womb, or the cervix, can be seen (when a speculum is used), or felt by the finger. Only the cervix, or neck of the womb, can be seen, but the rest of the womb, the broader portion, can be easily felt and examined by one hand in the vagina and the other hand over the abdomen. Continuous with the uterus are the Fallopian tubes, and below the trumpet-shaped ends of the Fallopian tubes are the ovaries, embedded in the broad ligaments, one on each side.

The Breasts. The breasts, also called mammary glands, or mammæ [mamma in Latin, breast], may be considered as accessory organs of reproduction. They are of no importance in the male, in whom they are usually rudimentary, but they are of great importance in the female. They manufacture milk, which is necessary for the proper nutrition of the infant, and they add a great deal to the beauty and attractiveness of the woman. They are thus a help to the woman in getting a mate or a husband. The projecting elevation of the breast, which the child takes in his mouth when nursing, is called the nipple;

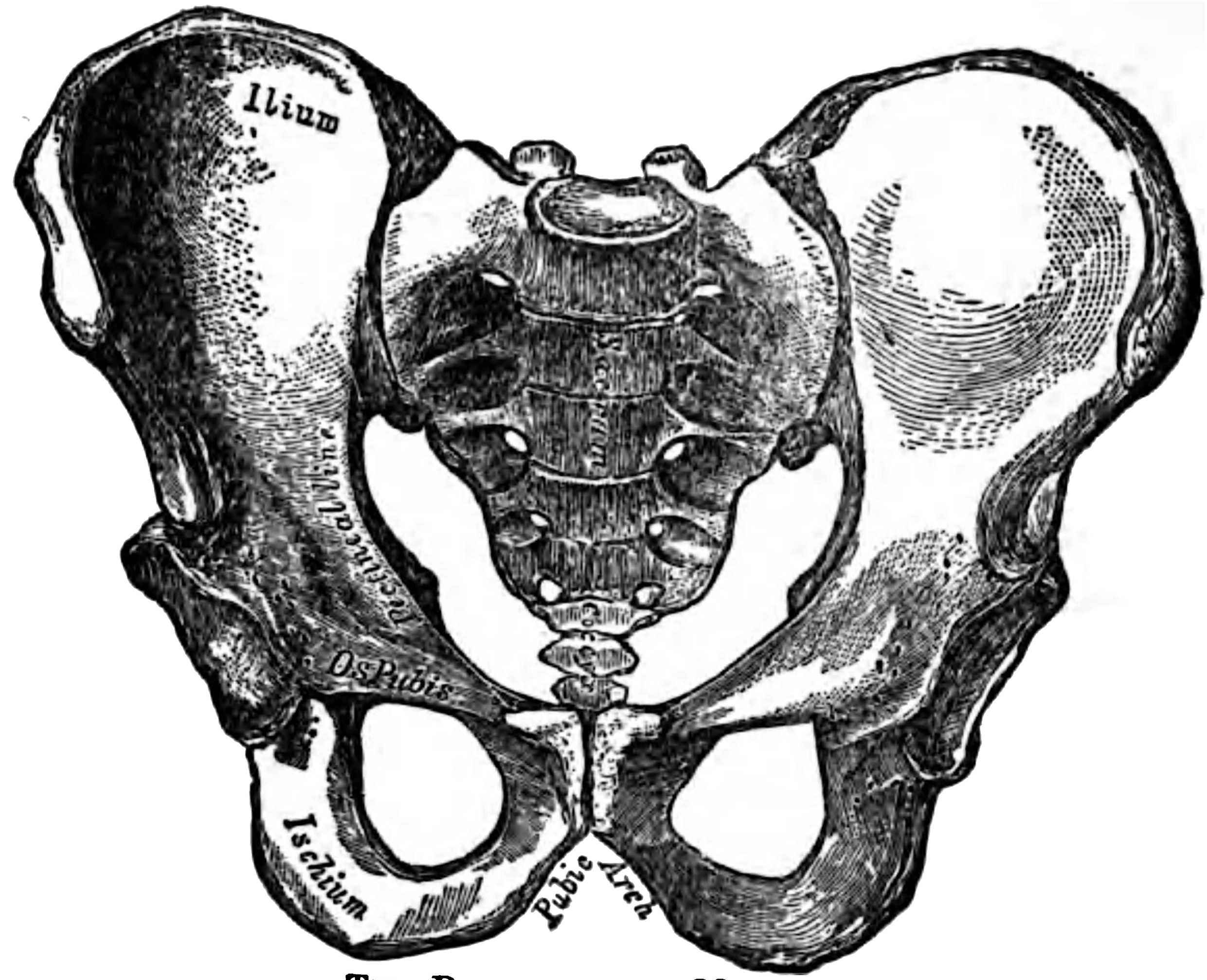
the darker colored area surrounding the nipple is called the areola.

THE PELVIS

The internal sex organs are situated in the lower part of the abdominal cavity, the part that is called the *pelvis*, or pelvic cavity. The meaning of the word pelvis in Latin is basin. The pelvis, also referred to as the pelvic girdle or pelvic arch, forms a bony basin, and is composed of three powerful bones: the sacrum, consisting of five vertebræ fused together and constituting the solid part of the spine, or vertebral column, in the back, and the two hipbones, one on each side. The two hipbones meet in front, forming the *pubic arch*.

The hipbones are called in Latin the ossa innominata (nameless bones) and each hipbone is composed of three bones: the ilium, the ischium, and the os pubis. The thighs are attached to the hipbones, and to the hipbones are also attached the large *gluteal* muscles, which form the buttocks, or the "seat."

The pelvis of the female differs considerably from the pelvis of the male. The female pelvis is shallower and wider, less massive, the margins of the bones are more widely separated, thus giving greater prominence to the hips; the sacrum is shorter and



THE PELVIS OF THE MALE.

THE PELVIS OF THE FEMALE.

less curved, and the pubic arch is wider and more rounded. All this is necessary in order to permit the child's head to pass through. If the female pelvis were exactly like the male pelvis, a full-term living child could never pass through it. The two illustrations show the differences between the male and female pelvis very clearly.

Chapter Three

THE PHYSIOLOGY OF THE FEMALE SEX ORGANS

The importance of an organ depends upon its *function*, upon what it does, and not so much upon what it is. It is important to know the size, structure and location of an organ, but it is still more important to know its function; in other words, for our purpose it is more important to know the *physiology* than the anatomy of the sex organs.

FUNCTION OF THE OVARIES

Like the testicles in man, so the ovaries in woman are the essential sexual organs. They are the fundamental organs, without which the other sexual organs are useless. Also like the testicles in man, the ovaries have two distinct functions, manufacturing two distinct substances. One function is to manufacture eggs; this, called the oögenetic or egg-producing function, is its *racial* function; without it the race could not perpetuate itself. But the ovary has also an *individual* function. Besides the ova,

the ovary manufactures what we call an *internal* secretion which is absorbed by the blood, and which is of the greatest importance to the woman herself. While the manufacture of ova begins only at puberty, with menstruation, and closes at the menopause, the manufacture of the internal secretion lasts throughout the woman's entire life. This secretion, which consists of various chemical substances, has a tremendous influence not only on the development of the woman's body, but also on her feelings.

First of all it is necessary for the development of the woman's special characteristics, or *secondary sexual characters*. Without that internal secretion of the ovaries, a woman would look more or less like a man; she would not develop her beautiful rounded form, her pretty long hair, her breasts, her broad pelvis, her feminine voice, etc. *Second*, the secretion is necessary to the proper development of her other sexual organs; if the ovaries are cut out, then the uterus and the vagina and even the vulva shrivel up. *Third*, it is that internal secretion that excites in woman sexual desire and makes her enjoy relations with the male sex. If the ovaries are cut away, particularly if it is done early in life, the woman has no sexual desire and no enjoyment. *Fourth*, it contributes to the general

health, wellbeing, energy, and mental alertness of the woman.

You see the importance of the internal ovarian secretion, and you will readily understand why, when the ovaries are removed by operation, the woman, particularly if she is young, undergoes such marked changes. It is because we recognize now the great importance of the ovaries that we always, when operating on diseased ovaries leave at least a small piece of ovary, if at all possible.

Number of Ova. When the female infant is born, her ovaries contain as many ova or eggs as they ever will contain. In fact, they contain more than they will at puberty. For it is estimated that at birth each ovary contains about 100,000 ova; the majority of these, however, disappear so that at the age of puberty each ovary contains only about 30,000 ova. As only one ovum ripens each month from the time of puberty to the time of the menopause (i. e., about 300 to 400 ova at the utmost during a lifetime), and as only a dozen or two ova would be necessary for the propagation of the race, it seems a superabundance of ova, an unnecessary lavishness. But nature *is* lavish where the propagation of the species is concerned. A portion of an ovary or of both ovaries might become diseased, and thousands of ova might become unfit for fer-

tilization; nature therefore puts in an extra reserve supply. We see a still more striking example of this extreme extravagant lavishness in man; only one spermatozoön is necessary to impregnate the ovum, and only one spermatozoön can penetrate the ovum; nevertheless each normal ejaculation of semen contains between a quarter and half a million spermatozoa.

The Graafian Follicles. Each primitive or primordial ovum is imbedded in a little vesicle or follicle, which is generally known as *Graafian follicle*, and there are as many Graafian follicles as there are ova. (The Graafian follicles were first described about 250 years ago—in 1672—by a Delft physician named De Graaf, hence the name.) Until puberty, that is the commencement of menstruation, the Graafian follicles with the oöcytes or primitive ova are in a more or less dormant condition. But with the onset of puberty there commences a period of intense activity in the ovaries. This period of activity is repeated regularly once a month, and it constitutes the process of *ovulation* and *menstruation*. The two processes are closely though not causally connected. Ovulation consists in the monthly maturation and extrusion of a ripe ovum; menstruation, which will be further discussed in a separate chapter, consists in the monthly discharge

of blood, mixed with mucus from the inside lining of the uterus. Every twenty-eight days, from the time of puberty to the time of the menopause, a Graafian follicle bursts and an ovum is extruded from the ovary. Before the follicle bursts, it swells and enlarges and reaches the surface of the ovary; the whole follicle is congested with blood, but at one point near the surface of the ovary it is pale and thin, and here the rupture takes place.

FUNCTION OF THE OTHER GENITAL ORGANS

Function of the Fallopian Tubes. The function of the Fallopian tubes or oviducts as they are sometimes called is to catch the ovum as it bursts through the ovary and to conduct it from the ovary into the uterus. It is while the ovum is in the narrow lumen of the tube that the spermatozoön which has travelled up from the uterus usually finds it, and it is in the tube, near its entrance to the womb, that impregnation usually takes place. After the ovum is impregnated or fecundated, it slowly moves down to the uterus, where it attaches itself and remains and grows for nine months, until it is ready to come out and start an independent life.

The uterus or womb is the house of the embryo almost from the moment of conception to the mo-

ment of birth. Within the thick warm sheltered walls of the uterus the child grows, develops, eats and breathes, until all its organs and functions have reached such a stage of perfection that it can live by itself and for itself. And this may be said to be the sole function of the uterus, or at least its sole useful function. For the other function of the uterus, menstruation, cannot be said to be a necessary or a useful function. It is a normal function because it occurs regularly in every healthy woman during her child-bearing period, but not every normal function is a necessary or useful function. Not everything that is is right or useful.

Function of the Vagina. The vagina is the canal in which sexual intercourse takes place. It receives the male organ (penis) during the sexual act, and serves as a temporary repository for the male semen. After the spermatozoa have reached the uterus, the vagina has no further function to perform.

THE SECONDARY SEX CHARACTERS

The sex organs constitute the primary sex characters. It is they that distinguish primarily one sex from another. But there are numerous other sex characters or sex differences which while not so im-

portant serve to differentiate the sexes, at the same time forming points of attraction between one sex and another. For instance, the beard and mustache are a distinct male characteristic and constitute one of the secondary male sex characters. The secondary sex characters are very numerous; one might say that each one of the billions of cells in the body bears the impress of the sex to which it belongs.

First, the skeleton. The entire female skeleton differs from the male skeleton; all the bones are smaller and more gracile; the pelvis, as we have seen before, is shallower and wider. Then the muscles are smaller and more rounded. The entire contour of the body is rounded rather than angular as in man. The skin is finer, softer, more delicate. The hair on the head is longer and of a finer texture, while over the body the hair is also finer and less abundant. The voice is finer, more pleasant, and of a higher pitch (soprano). The breasts are well developed, and serve an important purpose, while in men they are rudimentary. The breathing is also different; woman breathes principally with the upper part of the chest, man with the lower. The brain is smaller and its convolutions somewhat less complex in woman.

Woman differs considerably from man not only physically, as we have seen, but also mentally and

emotionally. But into this phase of the subject we will not enter, except to remark that it is foolish to speak of the superiority or inferiority of one sex to another. In some respects man is greatly superior to woman, in others he is inferior; on the whole the sexes balance one another pretty well, and while the sexes are not and never will be exactly alike, we have no right to speak of the inferiority of one sex to another. We recognize that the sexes are different, but they complement one another, and the claim of the reactionary and of the woman-hater that woman is an inferior creature is just as senseless as is the claim made by some ultra-militant feminists that woman is the superior and man the inferior.

Chapter Four

THE SEX INSTINCT

The sex instinct, which runs all through nature from the lowest animal to the highest, is the inborn impulse, craving or desire which one sex has for the other: the male for the female and the female for the male. This instinct, this desire for the opposite sex, which is born with us and which manifests itself at a very early age, is not anything to be ashamed of. There is nothing disgraceful, nothing sinful in it. It is a normal, natural, healthy instinct, implanted in us by nature for various reasons, and absolutely indispensable for the perpetuation of the race. If there were anything to be ashamed of, it would be the lack of this sex instinct, for without it the race would quickly die out.

Not Responsible for Thoughts and Feelings. It is necessary to impress this point, because many girls and women, whose minds have been perverted by a vicious so-called morality, worry themselves to illness, brood and become hypochondriac because they think they have committed a grievous sin in

experiencing a desire for sexual relations or for the embrace of a certain man. Altogether it is necessary to impress upon the growing girl, when the occasion presents itself, that a thought or a feeling can never be sinful. An action may be, but a thought or a feeling cannot. Why? Because we are not responsible for our thoughts and feelings; they are not under our control. Though it does not mean that when they do arise we are to give them full sway. We should attempt to combat them and drive them away, but there is nothing to be ashamed of, because for their origin we are not responsible.

Responsible for Actions. Our actions are under our control, to a certain extent at least, and if we do a bad or injurious act, we have committed a sin and are morally responsible. The *desire* for the sexual act is no more sinful than the desire for food is when one is hungry. But the performance of the act may, under certain circumstances, be as sinful as the eating of food which the hungry man obtained by robbing another fellow-being, just as poor as himself.

I am not preaching to you. But I am not an extremist nor a hypocrite. I am advocating neither asceticism nor licentiousness. One is as bad, or almost as bad, as the other.

What I am trying to do is to inculcate in your

minds, if possible, a sane, well-balanced view of all things sexual.

For I believe that wrong, perverted views of the physiology and hygiene of the sex act and of sex morality, that is, the proper relationship of the sexes, are responsible for untold misery, for incalculable suffering. Both sexes suffer, but the female sex suffers more. The woman always pays more. This is due to her natural disabilities (menstruation, pregnancy, lactation), to her age-long repression, to the fact that she must be sought but never seek, and to her economic dependence.

For the above reasons, sex instruction is a matter of double importance to woman—this fact has been emphasized in the first chapter. But woman's disabilities impose upon us another duty: *because* she carries the heaviest burden, *because* she always pays more dearly than the man, it becomes incumbent upon man to treat her with special consideration, with genuine kindness and chivalry.

Chapter Five

PUBERTY

Puberty is the most wonderful, the most significant period in a girl's life. Important as it is in a boy's life and development, it is still more so in a girl's. At this period there are often laid the foundations which either make or mar the girl's future life.

The meaning of the word puberty is maturity. It is the period at which the girl and the boy reach sexual maturity; in other words, the period at which the sex glands of the boy begin to generate spermatozoa, and the sex glands of the girl begin to mature and expel eggs or ova; with the girl puberty is marked by an additional phenomenon, which has no analogue in the boy, namely, menstruation.

Physical Changes. The word puberty is derived from the word *puber*, which in Latin means mature, ripe. But the word puber is itself derived from the word *pubes*, which in Latin means fine hair or down. For at this period of maturity all mammals (that is animals which have breasts and nurse their young) begin to develop a growth of hair. You

know that our entire body, with the exception of the palms of the hands and the soles of the feet, is covered with innumerable hair follicles, and from our birth our entire body, with the exception named, is covered with fine hair. The hair may be too delicate to be seen, but it is there, and with a magnifying glass you can see it without any trouble. But at puberty the hair increases in thickness and in quantity, and becomes abundant in places where it was hardly noticeable before—the upper lip and face in boys, and the armpits and lower part of the abdomen in both boys and girls.

And so the first apparent physical sign of puberty in a girl is the gradual appearance of hair in the armpits, on the mons Veneris and the labia majora. But all the genital organs are undergoing rapid development; the vulva, the vagina, the uterus and the ovaries become larger, and the ovaries which up to that time were elaborating an internal secretion only, now also begin to manufacture ova; in other words, the monthly process of ovulation is begun. Synchronously with the process of ovulation, there commences the monthly function of menstruation. The breasts also increase in size, assume the characteristic contour, develop their glandular substance, and become capable of secreting milk for the use of any possible offspring. During this period

of development they are often very sensitive to the touch or feel painful without being touched.

But not only the genital organs undergo growth and development—the entire body participates in the process. The growth in height is the most rapid at this period; the greatest growth takes place in the limbs—legs and arms. The pelvis becomes broader, and the chest or thorax also becomes broader and larger. The muscles become larger and rounder and finally give the girl the beautiful womanly form.

Psychic Changes. But the changes are not only physical; the changes that take place in the girl's psychic sphere during the pubertal years are also highly important. That is the period of the development of the emotions; she is overflowing with emotion; she becomes sensitive; in her relations with boys and men she becomes self-conscious. Distinct sexual desire fortunately does not make its appearance in the girl at this period, as it does in the boy, but she becomes filled with vague undefined and undefinable longings. It is the period of "crushes" when the girl is apt to bestow her overflowing emotion on a girl friend. There is nothing reprehensible in these crushes—they act as a safety valve—and only in rare cases are they apt to lead to abnormal development. This is also the period of

day-dreaming and of romancing; the girl likes to read love-stories and novels in which she identifies herself with the heroine. And it makes quite some difference as to what the girl reads during this period, for literature has a strong influence on the young in the most plastic period of their lives; and it is important that older persons see to it that those in their care spend their time on books of noble ideals and high artistic value.

Girls of a highly sensitive or so-called "nervous" temperament, especially if there is "nervousness" in the family, must be particularly looked after. For it is during the years of puberty and adolescence that any neurotic traits are apt to develop and become emphasized. It is also the period when bad sexual habits (masturbation) are apt to develop, and the careful mother will devote special attention to her girls in their years of puberty, and guard them as much as possible against physical and emotional shocks.

The age of puberty in girls is by many writers considered as synonymous or synchronous with the onset of menstruation, which in this country in the majority of cases occurs between the ages of thirteen and fourteen. The year of gradual development before the onset of menstruation is by some referred to as the pre-pubertal year; and the first

year after the onset of menstruation is the post-pubertal year. The period from puberty to full sexual maturity is called adolescence, and this term is applied generally to the period between thirteen and eighteen. For at eighteen the boy and the girl have reached full maturity. Mentally we acquire things as long as we live, and even physically the body gets larger for some years after eighteen. But sexually both boys and girls are fully mature at eighteen, though in order to become parents it is best, for various reasons, to wait to the ages of twenty or twenty-five.

Chapter Six

MENSTRUATION

The first function with which the girl will be confronted, which will impress upon her that she is a creature of sex, that she is decidedly different from the boy, is *menstruation.* And this function we will now proceed to study.

What is menstruation? Menstruation is a monthly discharge of blood. The word is derived from the Latin word mensis, which means a month; and menstruation is also frequently spoken of as *the menses.* It is also called the catamenia or catamenial flow (Greek, kata—by, men—a month). Other terms are: the periods, courses, monthlies, turns, monthly changes, monthly sickness, sickness, flowers, to be unwell, to be regular. "Not to see anything" is a common term for having missed the menses. This flow of blood recurs in most cases with remarkable regularity once a month; not a calendar month, but once a lunar month, i. e., once every twenty-eight days. And as there are thirteen lunar months a year, a woman menstruates not twelve but thirteen times a year.

Where does the menstrual blood come from? The menstrual blood comes from the inside of the womb. Every month, for a few days prior to menstruation, the inside lining of the womb (what we call the mucous membrane or endometrium) becomes congested and its bloodvessels become distended with blood. If the woman has sexual intercourse and pregnancy happens to take place, then this extra blood is used to nourish and develop the new child; but if no pregnancy takes place, that extra blood exudes from the bloodvessels (some of the bloodvessels rupture) and is discharged from the uterus into the vagina, and from there to the outside, where it is caught on cotton, sanitary napkins or some other pad.

At what age does menstruation begin? The usual age at which menstruation begins in this country is thirteen or fourteen; in some it may occur as early as twelve, in others as late as fifteen, sixteen or even seventeen. For menstruation to begin earlier than twelve or later than seventeen is in this country a rare exception. But in cold northern climates the age of eighteen is not rare, and in the hot southern climates menstruation often starts at the ages of ten or eleven. Change of climate or of country will often have an influence on the menses. In the early years of his medical practice, the author had

many Finnish girls as patients. It was a very common occurrence for them to stop menstruating for the first few months or even for the first year of their residence in this country.

At what age does menstruation cease? The age at which menstruation ceases is called the *menopause* or *climacteric.* It usually takes place at the age of forty-eight or fifty. In some cases it does not take place until the age of fifty-two, in others it takes place as early as forty-five or forty-four. In general, it may be said that the woman's menstruating period, during which she is able to have children, lasts about thirty-five years. And if no restraint be taken, and if no precautions be taken against conception, a woman could have twenty or thirty children during her childbearing period.

How many days does a woman menstruate? The usual number of days is from three to five; in some cases menstruation lasts only two days, in others as long as seven. As a rule, the greatest amount of blood passed is during the first two days.

The amount of blood. It is hard to estimate the exact amount of blood passed by a woman during her menses, but it reaches about an ounce and a half to three ounces. In some women the amount may reach as much as four or five ounces and in exceptional cases as much as eight ounces. Where

it exceeds this amount, it is an abnormal condition, requiring treatment. The usual statement that a normally menstruating woman should not have to use more than three napkins during the twenty-four hours is correct.

Chapter Seven

ABNORMALITIES OF MENSTRUATION

In many girls and women menstruation is a perfectly normal, physiological process. They suffer no discomfort whatever from it. They suffer no pains, no headache, no irritability, they have no admonition of its onset, until they feel the blood oozing or trickling out. But, unfortunately, this is true only of a small percentage. The majority of women have some unpleasant symptoms. Some have a headache for a day or two, some complain of a dragging down sensation, some are irritable, feel depressed or quarrelsome; some have no appetite, no ambition, no desire for work or company, while some girls have such severe pains and cramps that they are obliged to go to bed for a day or two and call in medical aid.

When the menstruation is very profuse, resembling more a hemorrhage than normal menstruation, it is called *menorrhagia;* if the hemorrhage from the uterus occurs out of the regular menstrual periods, it is called *metrorrhagia.* When the menses are skipped, or when they are so scanty that

you can hardly notice any blood, we use the term *amenorrhea*. In a few rare cases the menstruation instead of coming normally from the uterus, comes from some other part of the body, for instance, the nose. Some women have a hemorrhage from the nose every month. In some a bloody discharge may come from the breasts. To such a substitute menstruation we apply the term *vicarious menstruation*. Such cases, however, are rare, and are mere curiosities.

Dysmenorrhea. I mentioned before that in some girls and women the menses are accompanied by pains and cramps. This affliction, which is the lot of millions of women, and from which men are entirely free, is called *dysmenorrhea*. Dysmenorrhea means painful and difficult menstruation. A slight pain or at least a feeling of discomfort is present in most cases of menstruation. But in many cases the pain is so severe, so *excruciating*, that the sufferer, girl or woman, is incapacitated for any work, and must go to bed for a day or two. In some cases the pain is so severe as to necessitate the use of morphine, and as it is a very bad thing to have to give morphine every three or four weeks, every endeavor should be made to find out the cause of the trouble and to remove it. It is a mistake, however, to think that all or even most cases of

dysmenorrhea are due to some local trouble, that is, to an inflammation of the ovaries, or a displacement of the womb. Many cases of dysmenorrhea are of *nervous* origin; the cause resides in the central nervous system, and not in the genital organs themselves. It is, therefore, not advisable to undertake any local treatment, unless a competent physician has made a thorough examination and has decided that local treatment is advisable.

Chapter Eight

THE HYGIENE OF MENSTRUATION

The hygiene of menstruation can be expressed in two words: cleanliness and rest. Common sense would suggest these two measures, and as far as rest is concerned, many women do rest or take it easy while they are unwell. Some are forced to do it, because, if they don't, their dysmenorrhea is worse and the amount of blood they lose is considerably increased. The same cannot be said of cleanliness. Due undoubtedly to the superstitious opinions about menstruation, which came over to us from the ages-of-long-ago, menstruation is still considered a *noli-me-tangere*, and women are afraid to bathe, to douche or even to wash during the periods. And if there is any period when a woman needs a douche it is during menstruation. Any leucorrhea that a woman may be suffering from becomes aggravated around the periods; the menstrual blood of some women has a decided odor, and if no cleansing douche is taken during four or five days, some of the blood decomposes and acquires a decidedly offensive odor, which can be

noticed at some distance and to which some men and women are very susceptible. There are some women who never take a vaginal douche. Some consider it a useless and unnecessary luxury; while some orthodox puritanical women consider it an ungodly procedure (forgetting that cleanliness is next to godliness) fit only for women of gay and questionable character. If these orthodox women knew what was good for them—and for their health—they would take a douche at least during menstruation, if at no other time.

Cleanliness. When the girl reaches the age of twelve or thirteen the mother should explain to her the phenomenon of menstruation and the likelihood of its making its appearance in a short time. Of course she should be told that there is nothing shameful in it, that when it makes its appearance she should at once tell her mother, who will instruct her what to do. She should be shown the use of sanitary napkins. Rags, unless recently washed and kept wrapped up and protected from dust, should not be used. Unclean rags may lead to infection. I have no doubt that many cases of leucorrhea date back their origin to unwashed rags. Every morning and every evening the girl should wash the external genitals with warm water, or plain soap and water. Married women should also take a

douche once a day—the douche may consist of two quarts of water in which has been dissolved a teaspoonful of common table salt, or a tablespoonful of borax or boric acid. Such things like alum, potassium permanganate, carbolic acid, lactic acid, or tincture of iodine should only be used when there is leucorrhea present and generally only under a physician's directions. Bathing is permissible, but it is safe to use only a lukewarm bath. Cold tub baths, cold shower baths, as well as ocean and river bathing are best avoided during the period; at least during the first two days. I do not give this as an absolute rule; I know women who bathe and swim in the ocean during their menstrual periods without any injury to themselves, but they are exceptionally robust women; advice in books is for the average person, and it is always best to be on the safe side.

Rest. Rest is just as important during menstruation as cleanliness, if not more so. Some women as mentioned before feel during their menses just as well as they do at other times, and do not need any special hygiene. But these are in the minority. Most girls and women do feel somewhat below par during that period, and it is very important that they take it easy, particularly during the first two days. It is an outrage that many delicate, weak girls and women must stay on their feet all day or

work on a machine when they should be at home in bed or lying down on a couch.

The womb is congested during the period, is larger and heavier than normal, and it is then that there is often laid the foundation for some future uterine disease, the well-known "womb trouble," or "female disease." It is not necessary that work be given up altogether, but there certainly should be less of it and there should be as much rest as possible. For delicate and sensitive girls it is always best to stay away from school during the first and second days. Speaking again of the average and not the exception, it is best that dancing, bicycle riding, horseback riding, rowing, and other athletic exercises be given up altogether during the menses. Automobile riding and railroad and carriage travelling prove injurious in some instances, greatly increasing the flow of blood. But these are the exceptions at the other extreme.

Chapter Nine

FECUNDATION OR FERTILIZATION

Fecundation or fertilization is the process of union of the female germ cell with the male germ cell; speaking of animals, it is the process of union of the egg or ovum of the female with the spermatozoön of the male. When a successful union of these two cells takes place a new being is started. The process of fertilization or fecundation is also known as impregnation and conception. We say, to fertilize (chiefly, however, when speaking of plants) or to fecundate an ovum, or to impregnate a female or woman, and to conceive a child. We say the woman has become impregnated or has conceived.

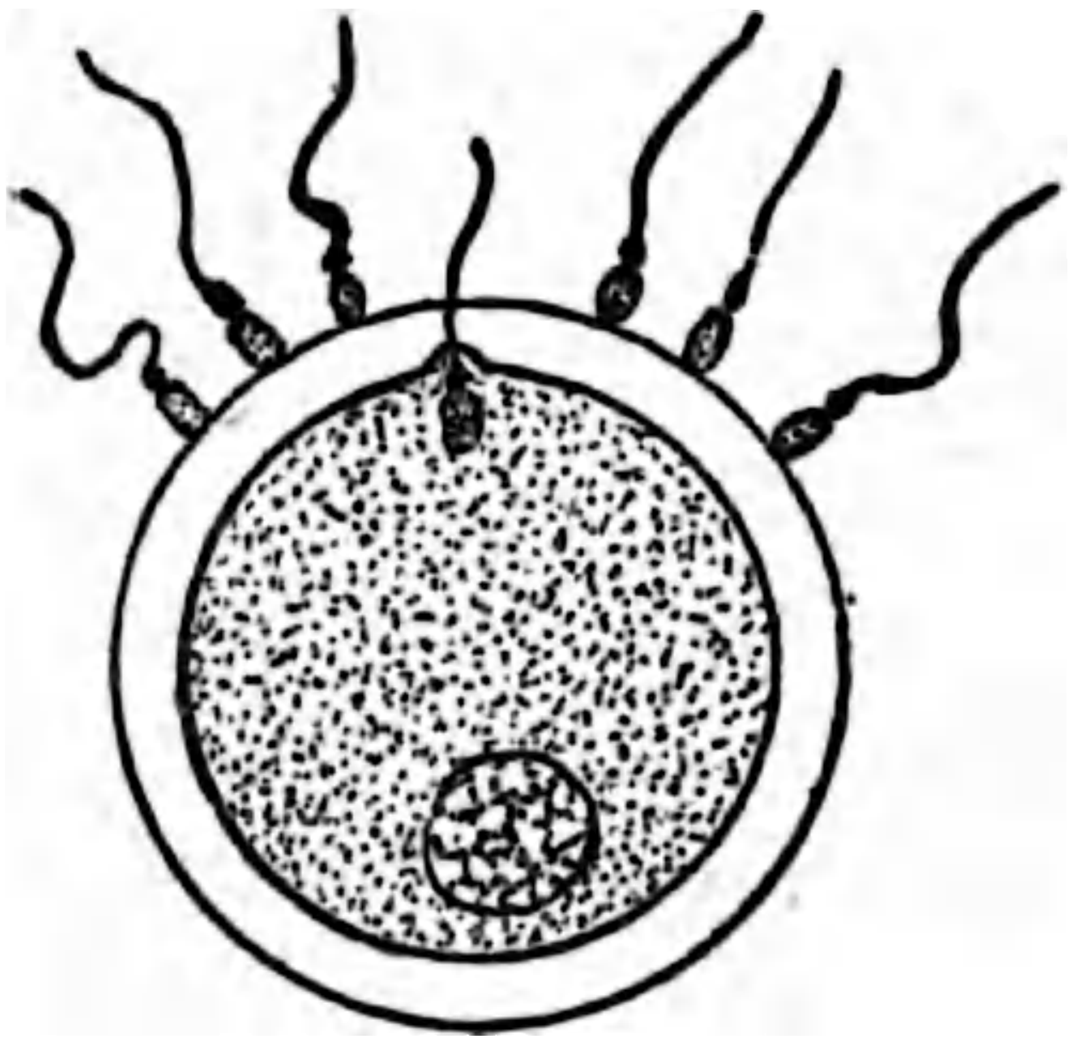
The Process. The process of fecundation is briefly as follows. An ovum becomes mature, breaks through its Graafian follicle in the ovary and is set free. It is caught by the fimbriated or trumpet-shaped extremity of the Fallopian tube and, moved by the wave-like motion of the cilia * of the lining of the tube, it begins its travel towards the uterus. If

* Hair-like appendages.

no sexual intercourse has taken place nothing happens. The ovum dries up, or "dies," and either remains somewhere in the tube or womb or is removed from the latter with the menstruation, or mucous discharge. But if intercourse has taken place, thousands and thousands of the male germ cells or spermatozoa enter the uterus through its opening or external os, and begin to travel upward in search of the ovum. The spermatozoa are capable of independent motion, and they travel pretty fast. It is claimed that they can travel an inch in seven minutes, which is pretty fast when you take into consideration that a spermatozoön is only 1/300 of an inch long. Many of the spermatozoa, weaker than the others, perish on the way, and only a few continue the journey up through the uterus to the tube. When near the little ovum, which remains passive, their movements become more and more rapid, they seem to be attracted to it as if by a magnet, and finally one spermatozoön —just one—the one that happens to be the strongest or the nearest, makes a mad rush at it with its head, perforates it, and is completely swallowed up by it. As soon as the spermatozoön has been absorbed by the ovum, the opening through which it got in becomes tightly sealed up—a coagulation takes place near it—so that no other spermatozoa can enter

the ovum. For if two or more spermatozoa got into the same ovum a monstrosity would be apt to be the result.

What becomes of all the other spermatozoa? They perish. Only one is needed. But in the ovum that has been impregnated, and which is now called an embryo, a feverish activity commences. First of all it looks for a fixed place of abode. If the ovum happened to be in the uterus when the spermatozoön met and entered it, it remains there. It becomes attached to some spot in the lining of the womb and there it grows and develops, until at the end of nine months it has reached its full growth, and the womb opens and it comes out into the outside world. If the ovum is in the Fallopian tube when the spermatozoön meets it, as is usually the case, it travels down to the uterus, and fixes itself there.



SPERMATOZOÖN PENETRATING THE OVUM.

Extra-Uterine Pregnancy. The tube is a bad place for the ovum to grow and develop, because the tube cannot stretch to such an extent as the uterus can, nor can it furnish the embryo such good nourish-

ment as the uterus can. Occasionally, however, it happens that the impregnated ovum remains in the tube and develops there; we then have a case of what we call *extra-uterine* (outside-of-the-uterus) or *tubal* pregnancy. Extra-uterine pregnancy is also called *ectopic* pregnancy, or ectopic gestation. Unless diagnosed early and operated upon, the woman may be in great danger, for after a few weeks or months the tube generally ruptures.

From the moment the spermatozoön has entered the ovum, a process of *division* or *segmentation* commences. The ovum, which consists of one cell, divides into two, the two into four, the four into eight, the eight into sixteen, these into thirty-two, these into sixy-four, 128, 256, 512, 1,024, until they can no longer be counted. This mulberry mass of cells arranges itself into two layers, with a cavity in between. And from these layers of cells there develop gradually all organs and tissues, until a fully formed and perfect child is the result. If two ova are impregnated at the same time by two spermatozoa, the result is twins.

Chapter Ten

PREGNANCY

From the moment the ovum has been fertilized or fecundated by the spermatozoön, the woman is said to be pregnant. Pregnancy, or the period of gestation, lasts from the moment of conception to the moment that the fetus or child is expelled from the uterus. The period of pregnancy differs very widely in different animals,* but in the human female it lasts nine calendar months or ten lunar months—from about 274 to 280 days. We usually count 280 days from the *first* day of the *last* menstruation.

A simple way is to count back three months and add seven days. For instance, a woman's last menstruation occurred on April 4th; counting back three months gives you January 4th; add seven days and you get January 11th, the probable date of delivery. The first day of the last menstruation was December 30th; counting back three months

* For instance, in rabbits one month, in dogs two months, in sheep five months, in cows nine months, in horses eleven months.

gives you September 30th; add seven days and you get October 6th, the probable date of delivery. The presence of a short month like February may be disregarded, as the calculation is not absolutely, but only approximately correct.

The period at which the child's movements begin to be felt by the mother is termed Quickening. It usually occurs at the middle of the pregnancy, between the 16th and 18th week.

Pregnancy is a normal physiological process; but every active physiological process is apt to be accompanied by disturbances, and there is certainly no process in the animal body in which greater activity, greater changes, go on than during the process of pregnancy. Just see what occurs in nine months. The uterus, at first the size of a small pear, reaches a size larger than that of the head of a big man; it does not merely stretch, as some think, but it actually grows enormously in size, the muscular walls of a pregnant uterus being many times thicker than those of a non-pregnant one. They have to be or they would not have the strength to expel the child, when the proper time comes. It is to be borne in mind that the child does not slip out by itself; it is the powerful muscular contractions of the uterus that push it out. If the uterus should refuse to work, if its walls were too thin or too weak, the

child could not come out, but would have to be taken out with forceps. Still greater changes than in the uterus take place in the child itself. At the moment of conception it is the size of *the head of a pin;* at the moment of birth it weighs from seven to ten pounds; at the moment of conception it is a minute, undifferentiated mass of protoplasm, just a single fertilized cell; at the moment of birth it consists of millions and millions of cells, which have become differentiated into numerous harmoniously working organs, and different tissues, such as brain and nerve tissue, muscular tissue, connective tissue, bone, cartilage, etc., etc. A truly wonderful process. And in the meantime this child, which is biologically a parasite (though it is not a nice name to call it by) draws its sustenance from the mother's blood, and the mother has to provide nourishment for two. And, besides providing nourishment, her excreting organs, her kidneys, must work for two, because her system has also to get rid of the child's excretions. No wonder that the pregnant woman, particularly under an artificial unhealthy mode of living, is subject to many troubles and disturbances.

Chapter Eleven

THE DISORDERS OF PREGNANCY

We saw that in some women menstruation runs a perfectly smooth course, free from any disagreeable symptoms. The same is true of pregnancy. It is remarkable how smooth and easy the entire course is with some women. Many women know that they are pregnant only because of the non-appearance of the monthly periods; and even in the later months they feel no discomfort, attending to all their work and pleasures as usual; and even childbirth is a trifling matter with them. Unfortunately the number of such women is not very large, and, because of our confined, unnatural, often exhausting way of living, is becoming smaller and smaller. There is no question that the civilized, refined woman has a harder ordeal in pregnancy and childbirth than has her primitive sister. We confidently hope that this will not be so in the future; we expect the time to come when true hygiene will be an integral part of the education and the life of every girl, and then pregnancy and parturition may become even easier processes than they are in the primitive races. But

the time is not yet; and in the meantime our young women have a good deal to go through.

Morning Sickness. One of the commonest disorders of pregnancy is the so-called morning sickness. This consists in a feeling of nausea and vomiting, which comes on soon after getting up. The morning sickness makes its first appearance in the third, fourth or fifth week of pregnancy and lasts usually until the end of the third or fourth month. In some women, however, the morning sickness comes on in a few days after impregnation has taken place, and those women diagnose their condition unmistakably by the feeling of slight nausea which they experience on getting up. Medicines are as a rule of little use in treating morning sickness. The "disease" can be relieved but not cured. The patient should stay in bed later than usual, should have her breakfast in bed, and then not get up for about half an hour afterward. If the patient is anemic, a good iron preparation may prove useful.

Pernicious Vomiting. The vomiting of pregnancy sometimes becomes so severe and uncontrollable that it has been given the name pernicious. The patient is unable to retain any kind of food, not even liquids, vomits almost incessantly, and may become very much run down and exhausted. The vomited matter may contain blood. For this condition a

competent physician must be consulted, for in some cases the patient's life may be in danger and an abortion has to be performed.

Capricious Appetite. A capricious appetite is very common in pregnancy. The capriciousness may express itself in four different directions: (1) The patient may lose her appetite, almost altogether, partaking only of very little food, and that with effort. This condition of loss of appetite is called anorexia. (2) The patient may develop an enormous appetite—what we call bulimia—eating several times as much as she does ordinarily. (3) She may develop an aversion towards certain articles of food. Thus many women develop an aversion towards meat, the mere sight of or talk about meat causing in them a sensation of nausea. (4) She may show a craving for the most peculiar articles of food and for articles which are not food at all. The craving for sour pickles or sour cabbage is well-known; but some women will eat chalk, sand, and even more peculiar things (for the chalk there may be a reason: the system needs an extra amount of lime and chalk is carbonate of lime).

Constipation. Constipation is very common among women in the non-pregnant condition; but in the pregnant it is much more common and much more aggravated. Constipation must be guarded

against, but the measures must be of a mild nature. If we can relieve the constipation by dietary measures alone, so much the better. The dietary measures should consist in eating plenty of fruit—prunes, apples, figs, dates, etc., and coarse bread and bran. Constipating articles, such as cheese or coffee, should be eliminated. Where dietary measures alone are insufficient, the patient should take an enema—a rectal injection—twice or three times a week. The enema should consist of about 8 ounces (half a pint) of cold or lukewarm water containing a pinch of salt, and should be retained about ten minutes. Instead of water, we may advise an occasional enema of two to four drams of glycerin. Or instead of a glycerin enema, a glycerin suppository may be used. If internal laxatives are to be used, only the mildest and non-griping preparations should be employed. The best are: a good mineral oil—one or two tablespoonfuls on going to bed, or fluid extract of cascara sagrada, one-half to one teaspoonful on going to bed. It is very important, whatever we use, *not* to use the same thing for a long time. If the same drug or measure is used without any change, the bowels get used to it and cease to respond and we have to use larger and larger doses. In fighting constipation we must therefore constantly change our weapons: one night

we use mineral oil, the next night cascara sagrada, the third night an enema, the fourth night a glycerin injection or suppository, the fifth night perhaps nothing at all, the sixth night a blue mass pill, the seventh morning a Seidlitz powder, then a rest for a day or two, then a repetition of the same measures. But always remember: first try to get along without any drugs at all. Many cases can get relieved of their constipation by a proper change in diet alone. And where this is impossible, then use mild laxatives and use them interchangeably.

Toothache is not uncommon in pregnancy, and a pregnant woman should have her teeth put in first-class condition.

Difficulty in Urination. Pregnant women often suffer with frequency and urgency of urination. Some have to urinate, while they are on their feet, every few minutes. This is due to the fact that during the first two or three months of pregnancy the uterus is not only enlarged but is also *anteverted*, that is *turned forward* and *presses down* upon the bladder. When the woman is lying down the pressure on the bladder is relieved, and she does not have to urinate frequently. This pressure lasts only the first two or three months, because after that the growing womb lifts itself out of the pelvis, rising into the abdominal cavity; it

is no longer anteverted and the pressure on the bladder is relieved. During the last months of the pregnancy there is again frequent urination, because then the heavy uterus sinks again into the pelvic cavity and presses upon the bladder. The treatment for this frequent urination consists in wearing a well fitting abdominal belt or corset, which raises the uterus and prevents pressure on the bladder. Sometimes a pessary which prevents the anteversion is efficient. In all cases lying down and resting is useful. In short, keeping off one's feet is the most efficient remedy for the treatment of frequent urination in pregnant women.

Hemorrhoids (Piles). On account of the pressure of the womb on the rectum, and also on account of the constipation which is so frequent during pregnancy, hemorrhoids or piles are quite frequent among pregnant women. The treatment of hemorrhoids consists in removing the cause: wearing a well-fitting abdominal belt, and relieving the constipation. Injecting into the rectum about half a pint of cold water three times a day is very useful. For the intolerable itching sometimes present in hemorrhoids the following ointment will be found very grateful: menthol, 5 grains; calomel, 10 grains; bismuth subnitrate, 30 grains; resorcin, 10 grains; oil of cade, 15 grains; cold cream, one ounce. The

piles (the hemorrhoids) are to be well cleansed with hot water, and this ointment is to be well smeared over; a little is pushed into the rectum, and a piece of cotton is put over the anus. This protects the clothes from soiling and keeps the medicine in place for a longer time. Instead of ointment a cocoa butter suppository may be used. A suppository of the following composition is good: powdered nutgalls, 3 grains; oil of cade, 3 drops; resorcin, 1 grain; bismuth subnitrate, 5 grains; cocoa butter, 20 grains. One such suppository to be inserted three times a day. The ointment and the suppository given above, if used in conjunction with the proper regulation of the bowels, will not only relieve but will cure most cases of hemorrhoids caused by pregnancy.

Itching of the Vulva. Pruritus Vulvæ. Itching of the external genitals during pregnancy is not uncommon. This may be due to the fact that the vulva is generally congested and swollen during pregnancy or it may be caused by an increased leucorrheal discharge. The itching is sometimes very severe, and if the patient scratches with her nails and produces bleeding, she may cause an infection of the parts. The patient should be cautioned against scratching; she should try simple measures to relieve the itching. A small towel or gauze compress wrung out of boiling water and applied to the vulva

several times a day, followed by a free application of stearate of zinc powder is often efficient. If it is not, the following salve may be tried: carbolic acid, 10 grains; menthol, 5 grains; resorcin, 15 grains; zinc oxide, 1 dram; and white vaseline, one ounce. In very severe cases the vulva should be painted with a solution of silver nitrate, 25 grains to 1 ounce of distilled water.

Varicose Veins. In most women during pregnancy the veins in the legs become somewhat enlarged. This is due to the pressure of the womb, which interferes with the circulation. If the veins become very prominent, swollen and tortuous, they are called varicose. This condition should be prevented, because it often and to some degree always persists permanently even after the pregnancy is over. The best precautionary measure is for the woman to wear a well-fitting abdominal belt or maternity corset, which supports the womb and does not permit it to sink too low into the pelvis. If varicose veins have been permitted to develop, the woman should wear well-fitting rubber stockings, or at least have the legs bandaged with woven elastic bandages. The bandage must be applied by a competent person, uniformly and not too tightly. Constipation has also a bad effect in making varicose veins worse; the bowels should therefore also be

looked after. In some severe cases all measures are of little value unless the patient at the same time stays in bed or on a couch for a few days, with the legs elevated.

Swelling of the feet should be at once attended to. It may be a trifling matter due only to pressure of the womb; then again it may be due to some kidney trouble. The physician will determine the true cause and prescribe the appropriate treatment.

Liver Spots. Chloasma. In some cases irregular brownish patches or splotches develop on the skin around the breasts, on the sides, or on the face. These patches are known popularly as liver spots or in medical language as *chloasma*. Nothing can be done for them, but they generally disappear after the pregnancy is over. A few patches here and there may remain permanently.

Chapter Twelve

WHEN TO ENGAGE A PHYSICIAN

The disorders and disturbances described above are, with the exception of pernicious vomiting, of a minor nature. They are annoying, may cause considerable discomfort and suffering, but they do not endanger the life of the woman or of the child. Occasionally, however, fortunately not very often, the kidneys become affected, and for this condition treatment by a physician is absolutely necessary. In fact, the correct and safe thing for a woman to do is to consult a physician as soon as she knows she is pregnant, and have him take care of her during the entire pregnancy. Some women engage a physician during the eighth or ninth month and this is decidedly wrong, because it may then be too late to correct certain troubles which if taken at the outset could have been easily cured; while many troubles in the hands of a competent physician can be prevented altogether. I must therefore reiterate: every woman should engage a physician from the beginning of her pregnancy, or at least during the

third or fourth and certainly not later than the fifth month. He will examine the urine every month and make sure that the kidneys are in order, he will make sure that the child is in a normal position, and will prevent a host of other ills.

POSITION OF THE CHILD IN THE WOMB.

This is not a special treatise on the management of pregnancy, and therefore minute details are out of place. Besides, to the details the physician will attend. But some hints regarding diet and general hygiene will prove useful.

If everything is satisfactory, if there is no severe vomiting, kidney trouble, etc., the usual mixed diet may continue. The only changes I would make are the following: Drink plenty of hot water during entire course of pregnancy: a glass or two in the morning, two or three glasses in the afternoon, the same at night. From six to twelve glasses may be consumed. Also plenty of milk, buttermilk and fermented milk. Plenty of fruit and vegetables. Meat only once a day. For the tendency to constipation, whole wheat bread, rye bread, bread baked of bran or bran with cream.

As to exercise, either extreme must be avoided. Some women think that as soon as they become

pregnant, they must not move a muscle; they are to be put in a glass case, and kept there to the day of delivery. Other women, on the other hand, of the ultramodern type, indulge in strenuous exercise and go out on long fatiguing walks up to the last day. Either extreme is injurious. The right way is moderate exercise, and short, non-fatiguing walks.

Bathing may be kept up to the day of delivery. But warm baths, particularly during the last two or three months, are preferable to cold baths.

Chapter Thirteen

THE SIZE OF THE FETUS

Men and women are always interested to know how large the fetus is and how far it is developed during the various months of pregnancy. Absolutely exact measurements cannot be given, but the following approximate measurements are corréct:

At the end of the first month (lunar) it is about the size of a hazelnut. Weighs about 15 grains.

At the end of the second month it is the size of a small hen's egg. The internal organs are partially formed, it begins to assume a human shape, but the sex cannot yet be differentiated. Up to the fifth or sixth week it does not differ much in appearance from the embryos of other animals.

At the end of the third month it is the size of a large goose egg; it is about two to three and a half inches long. Weighs about one ounce.

At the end of the fourth month the fetus is between six and seven inches long and weighs about five ounces.

At the end of the fifth month the fetus is between

seven and eleven inches long, and weighs eight to ten ounces.

At the end of the sixth month it is eleven to thirteen inches long and weighs one and one-half to two pounds. If born, is capable of living a few minutes, and it is reported that some six months' children have been incubated.

At the end of the seventh month the fetus is from thirteen to fifteen or sixteen inches long and weighs about three pounds. Is capable of independent life, but must be brought up with great care, usually in an incubator.

At the end of the eighth month the length is from fifteen to seventeen inches, and weight from three to five pounds.

At the end of the ninth month the length of the fetus is from sixteen to seventeen and one-half inches, and weight from five to seven pounds.

At the end of the tenth lunar month (at birth) the length of the child is from seventeen to nineteen inches and the weight from six to twelve pounds; the average is seven and a quarter, but there are full term children weighing less than six pounds and more than twelve; but these are exceptions.

Chapter Fourteen

THE AFTERBIRTH (PLACENTA) AND CORD

Whatever part of the womb the ovum attaches itself to is stimulated to intense activity in growth. Numerous bloodvessels begin to grow and that part of the lining membrane with its numerous bloodvessels constitute the placenta, or as it is commonly called *afterbirth*, because it comes out *after* the *birth* of the child. From the placenta there is also reflected a membrane over the ovum, so as to give it additional protection. That membrane forms a complete bag over the fetus; this bag becomes filled with liquid, so that the fetus floats freely in a bag of waters; this bag bursts only during childbirth. The fetus is not attached close to the placenta, but is, so to say, suspended from it by a *cord*, which is called the *umbilical cord*. When the child is born, the umbilical cord is cut, and the scar or depression in the abdomen where the umbilical cord was attached constitutes the navel or umbilicus (in slang language—button or belly button). The umbilical cord consists of two arteries and one vein embedded

in a gelatin like substance and enveloped by a membrane, and it is through the umbilical cord that the blood from the placenta is brought to and carried from the fetus. The blood of the fetus and the blood of the mother do not mix; the bloodvessels are separated by thin walls, and it is through these thin walls that the fetal blood receives the ingredients it needs from the mother's blood. In other words, it receives its nourishment from the mother by *absorption* or *osmosis*. The blood from the placenta also furnishes the fetal blood with oxygen, so that the fetus breathes by the aid of the placenta, and not through its own lungs.

It is well to remember that there is absolutely no nervous connection between mother and child. There are no nerves whatever in the umbilical cord, so that the nervous systems of the fetus and of the mother are entirely distinct and separate. And this will explain why certain nervous impressions and shocks received by the mother are not readily transmitted to the child. It is only through changes in the mother's blood that the fetus can be influenced. As will be seen in a later chapter we are skeptical about "maternal impressions."

Chapter Fifteen

LACTATION OR NURSING

Every mother should nurse her child—if she can. There is no perfect substitute for mother's milk. There is only one excuse for a mother not nursing—that is when she has no milk, or when the quality of the milk is so poor that the child does not thrive on it, or when the mother is run down, is threatened with or is suffering with tuberculosis, etc. In such cases the nursing would prove injurious to both mother and child.

When the mother cannot nurse the child, it should be brought up artificially on modified cow's milk. Formulas for modified milk have been worked out for every month of the child's life, and if the formulas are carefully followed, and the bottle and nipples are properly sterilized, the child should have no trouble, but should thrive and grow like on good mother's milk. If the child is sickly or delicate and does not thrive on modified cow's milk or on other artificial foods, then a wet nurse may become necessary. But before engaging a wet nurse great care should be taken to make sure that she is healthy,

that the age of her child is approximately the same as the age of the child which she is about to nurse, and particularly that she is free from any syphilitic taint. One, two or more Wassermann tests should be made to settle the question definitely.

Mothers should bear in mind that suckling the child is good not only for the child, but for the mother as well. Lactation helps the *involution* of the uterus: the uterus of a nursing mother returns more quickly and more perfectly to its normal ante-pregnant condition than the uterus of the mother who cannot or will not nurse her child.

That the mother who nurses her child should partake of sufficient nourishment goes without saying. But the advice often given to nursing mothers to partake of beer, ale or wine is a bad one. It is a question if a mother partaking of considerable quantities of alcoholic beverages may not transmit the taste for alcohol to her children. No, alcoholics should be left alone, but milk, eggs, meat, fruit and vegetables should be partaken of in abundance.

Preparing the Nipples. For the infant to be able to nurse properly the nipples of the breast must be in good condition. If the nipples are sunken, depressed, it is torture for the child to nurse. It uses up a lot of energy uselessly, becomes exhausted, and gets very little milk; while if the nipples be

tender or cracked the process of nursing is a torture for the mother.

It is therefore necessary to attend to the nipples in due time—to begin at the fifth or sixth month is not too early. If the nipples are sufficiently prominent, little need be done for them except to wash them with a little boric acid solution (one teaspoonful of boric acid to a glass of water) occasionally, and now and then to rub in a little petrolatum, plain or borated. But if the nipples are sunken so that they are below the surface of the breast, or if they are only slightly above the surface of the breast, they must be treated. Gentle traction must be made on them with the fingers three or four times a day. There are only a few cases where persistent manipulation will not develop the nipple and make it stand out prominently.

If the nipple is tender it should be washed two or three times a day with a mixture of alcohol and water; one part of alcohol to three parts of water is sufficient. In washing the nipple with this diluted alcohol it should be dried and a little petrolatum or vaseline rubbed in. This done two or three times a day during the last month or two of the pregnancy will generally produce a good healthy nipple.

The Treatment of Cracked Nipples. If the care of the nipple has been neglected, and it develops cracks

or fissures so that the nursing of the child causes the mother severe pain, the nursing should be done through a nipple shield, and in the meantime between the nursings the nipple should be rubbed with the following preparation, which is excellent and which I can fully recommend: thymol iodide, ½ dram; olive oil, ½ ounce. This should be applied every hour to the nipple and covered with a little cotton; before each nursing, however, it must be well washed off with warm water or warm boric acid solution. When the nipples are cracked, the infant's lips should also before nursing be carefully wiped out with boric acid solution. For the baby's mouth contains bacteria which while harmless in themselves may if they get into the cracks of the nipple set up an inflammation of the breast or "mastitis" and cause an abscess. If the cracks are excruciatingly painful, as they sometimes are, it is necessary to give the one breast a rest for twenty-four hours and have the child nurse at the other until the cracks have partially healed.

When It Is Necessary to Dry Up the Breasts. In case of the death of the child, or if the mother for some other reason finds herself unable to nurse. such as in cases where there is absolutely no nipple, instead of the prominence of the nipple there being a deep depression, it becomes necessary to stop the

secretion of the milk, or as it is said in common parlance, "to dry up the breasts." In former days, not so very long ago, and the practice is still common enough to call attention to it and to condemn it, the breasts used to be tightly bandaged, or they used to be pumped every few hours. The first causes unnecessary pain and trouble, while the second procedure, the pumping, does exactly the reverse to what it is intended to do. Instead of drying up the breasts it keeps up the secretion. The best thing to do in a case like that is to leave the breasts alone, not to pump them, but just gently support them with a bandage and then in three or four days the secretion of the milk will gradually disappear. There is some discomfort the first twenty-four or forty-eight hours, but if left alone the discomfort is less than if the breasts are manipulated, bandaged or pumped.

Menstruation or Pregnancy While Nursing. Many women do not menstruate and do not become pregnant while they are nursing. Some women will not conceive, no matter how long they may nurse the child—a year or two or longer. And some women take advantage of this fact, and in order to avoid another child they will keep up the nursing as long as possible. In Egypt and other Oriental countries where our means for the prevention of conception

are unknown, it is no rare sight to see a child three or four years old interrupting his work or his play and running up to suckle his mother's breast. But not all women have this good luck. Some women (about fifty per cent.) begin to menstruate in the sixth month of lactation, while some become pregnant even before they begin to menstruate. It only too often happens that a woman considering lactation her safeguard omits to use any precautions and finds herself, to her great discomfiture, in a pregnant condition.

When a nursing woman discovers that she is pregnant she should give up nursing at once. The milk is apt to become of poor quality, but even where this is not the case, it is too much for a woman to feed one child in the uterus and one at the breast.

Chapter Sixteen

ABORTION AND MISCARRIAGE

The word abortion, used somewhat loosely, signifies the premature expulsion of the fetus; the expulsion of the fetus from the womb before it is viable, i. e., before it is capable of living independently. Used in a stricter sense, the word abortion is applied to the expulsion of the fetus up to the end of the 16th week; to the expulsion of the fetus between the 16th and the 28th week the term miscarriage is applied; and when the expulsion of the fetus takes place after the 28th week, but before full term, we use the term premature labor. The laity does not like the term abortion, as it is under the impression that the term always signifies criminal abortion; it therefore prefers to use the term miscarriage ("miss"), regardless of the time at which the expulsion of the fetus takes place.

When an abortion (or miscarriage) takes place by itself, without any outside aid, we call it *spontaneous abortion.* When it is brought on by artificial means, whether by the woman herself or by somebody else, we call it *induced* abortion. When

an abortion is induced for the purpose of saving the woman's life, we call it *therapeutic* abortion; this is considered perfectly legal and proper. But where an abortion is induced merely to save an unmarried mother's reputation, or because the married mother is too poor or too weak to have any more children, or is reluctant to have any (or any more) for any other reason, it is called *criminal* or *illegal* abortion, and, if discovered, subjects the mother and the person who produced the abortion to severe punishment.

When the fetus for some reason dies in its mother's womb, it is generally expelled within a few hours or days. Sometimes this is not the case, and the dead fetus is retained for several weeks, or months or even years; to such a phenomenon we apply the term *missed* abortion. Some women suffer from what might be called the abortion habit; they can hardly ever carry a child to full term, but lose it in the same month or even in the same week of gestation during each pregnancy; we call this habitual abortion. And this habitual abortion may be independent of disease, such, for instance, as syphilis. The terms *threatened*, *imminent* and *inevitable* abortion require no further explanation.

The Causes of Abortion. Outside of the abortion habit, which may be due partly to heredity or be

caused by a diseased condition of the lining membrane of the uterus, the principal cause of abortion and miscarriage is syphilis. And when a woman has had two or three or four or more miscarriages in succession we generally assume the cause to be syphilis, and in most cases the assumption will be correct.

Chapter Seventeen

PRENATAL CARE

By prenatal care we understand the care taken during pregnancy before the child is born. Used in a wider sense the term includes the care which both parents should take of themselves even before the child is conceived.

Of course the father and the mother should be in the best possible physical and mental condition during the time of conception and even before conception, and the mother should take the very best care of herself—she should be in good health and as calm a spirit as possible during the entire period of gestation. For the general health and condition of the mother does influence the child.

I have seen so much misery caused by wrong prenatal care teaching and by the foolish, exaggerated ideas on the subject, that I consider it my duty to say something in order to counteract those erroneous notions. I consider it my special mission to destroy error, mysticism and superstition. And the prenatal care teaching as imparted by some unfortunately partakes of all three of the above.

Of course, I repeat, the mother should try to be in the best possible condition while she is carrying the child. Nevertheless, it is foolish to imagine if the mother is not quite well, or is worried about something, or has a fit of anger, that it is invariably going to be reflected on the child. The child, as we know, has no nervous connection whatever with the mother, and it is only very violent or prolonged shocks that are apt to have an injurious influence.

I know of children that were carried by their mothers in anger and in anguish from the day of conception to the day of delivery. And still they were born perfectly normal. I know of a child whose mother was suffering the most hellish tortures of jealousy during the entire period of pregnancy, and still the child was born perfectly healthy, perfectly normal, and is now a splendid specimen of manhood. I know children whose mothers went through severe attacks of pneumonia, typhoid fever, etc., and still they were born perfectly healthy and perfectly normal. I know children whose mothers were using every means to abort them, took all kinds of internal medicines until they were deathly sick, and still they were born perfectly healthy and normal. I know children whose mothers tried to abort them by mechanical means, who went to abortionists who made one or more attempts to induce the abortion—

I know even cases where the mothers bled as a result of such attempts—and nevertheless, the children were born perfectly healthy, developed normally physically and mentally.

Of course these are not things that I would advise women to do or to undergo. I would not advise pregnant women to worry, to be sick, to take poisonous medicines or to make attempts at abortion, but I merely bring up these points to emphasize to my readers not to take the necessity of prenatal care in too absolute a sense, and not to worry themselves unnecessarily if the conditions during their pregnancy are not all that could be desired. The child is not necessarily going to be affected. The condition of the germ-plasms, i. e., the condition of the ovum and the spermatozoa at the time of conception is more important than all subsequent care during gestation.

As there are foolish people who possess a peculiar knack of misinterpreting and misunderstanding everything, I wish to emphasize that hygiene during pregnancy should not be neglected. Everything possible should be done to put the mother in the best possible physical and mental condition. All I want to say is that it is bad to be insane on the subject, that it is bad to take things in an absolute sense, and that it is bad to exaggerate.

Chapter Eighteen

STERILITY

Sterility or barrenness is a condition of inability to have children. In former years the opinion prevailed generally, whenever a couple was childless, that the fault was exclusively the woman's. It wasn't even thought that the man could be to blame. We now know that in at least *fifty per cent.* of cases of sterility, or childless marriages, the fault is not the woman's but the man's. It is therefore very unwise in conditions of sterility to subject the wife to treatment without first examining the husband. Nevertheless, this is still often the case, particularly among the lower classes or among the ignorant. There are cases where the woman goes from one doctor to another for years and is subjected to all kinds of treatment, when a simple examination of the husband would show that the fault lies with him.

Some women have one child and are unable afterwards to give birth to any more. Such a condition is called one-child-sterility. It is generally due to an inflammation of the Fallopian tubes which closes

up the openings of the tubes into the womb, so that no more ova can pass *from* the ovaries *through* the tubes *into* the womb. This inflammation may be the result of childbirth, for childbirth alone may set up an inflammation, or it may be due to an infection contracted from the husband.

In order to be fertile, that is, to be able to conceive and give birth to a living child, the woman's external and internal genital organs must be normal, her ovaries must produce healthy ova, and there must be no obstruction on the way, so that the ova and the spermatozoa can meet. The mucous membrane of the womb must also be healthy, so that when the impregnated ovum gets attached to the womb it may develop there without any trouble, and not become diseased or poorly nourished and cast off.

We must always remember that the woman's share in bringing forth children and perpetuating the race is much more important than the man's. When a man has discharged his spermatozoa his work is done—the woman's only commences.

The conditions which cause sterility in women are many, but the most common cause is a salpingitis or an inflammation of the Fallopian tubes, which may be caused by gonorrhea or any other inflammation. A severe leucorrhea may also be the cause of sterility, because the leucorrheal discharge may be fatal

to the spermatozoa. Another cause is a severe bending or turning of the uterus either forwards or backwards. The opening of the neck of the womb, the os, may also be closed, or practically so, from ulceration, from strong applications, etc. In some cases sterility may be due to severe constitutional disease, when the person is very much run down and so anemic that menstruation stops. Unfortunately this is not always the case, for women even in the last stages of consumption may, and often do, become pregnant. Syphilis unfortunately does not cause sterility; it only causes miscarriages until controlled by treatment.

The treatment of sterility can be successfully carried out only by a competent physician, particularly by one who is devoting himself specially to this kind of work. But I want once more to impress upon every woman who is sterile, and who wants to have a child, not to have herself treated or even examined until her husband has been subjected to an examination.

Chapter Nineteen

THE MENOPAUSE OR CHANGE OF LIFE

In the chapter on menstruation I referred briefly to the menopause. I will consider it here somewhat more in detail.

The menopause, also called the climacteric, and in common language "change of life," is the period at which woman ceases to menstruate. The average age at which this occurs is about forty-eight. But while some women continue to menstruate up to the age of fifty, fifty-two, and even fifty-five, others cease to menstruate at the age of forty-five or even forty-two. Between forty-four and fifty-two are the normal limits. Anything before or beyond that is exceptional.

Just as the beginning of menstruation may set in without any trouble of any kind, and just as some women have not the slightest unpleasant symptoms during the entire period of their menstrual life, so the menopause occurs in some women without any trouble, physical or psychic. The periods between the menses become perhaps a little longer, or a little

irregular, the menstrual flow becomes more and more scanty, then one or several periods may be skipped altogether, and the menopause is permanently established. Many women, however, the majority probably, suffer considerably during the transitional year or years of the menopause. Symptoms are both of a physical and of a psychic character, but the psychic symptoms predominate. There may be headache, capricious appetite, or complete loss of appetite, considerable loss of flesh, or on the contrary very sudden and rapid putting on of fat, great irritability, insomnia, profuse perspiration; hot flashes throughout the body, and particularly in the face, which make the face "blushing" and congested, are particularly frequent. Then the woman's character may be completely changed. From gentle and submissive she may become pugnacious and quarrelsome. Jealousy without any grounds for it may be one of the disagreeable symptoms, making both the wife and the husband very unhappy. In some exceptional cases a genuine neurosis or psychosis may develop.

Cause of Suffering During Menopause. It is my conviction, and I have had this conviction for many years, that many, if not most, of the distressing symptoms of the menopause are due, not to the menopause itself, but to the wrong ideas about this

period that have prevailed for so many centuries. We know the influence of the mind over the body, and the pernicious effect which wrong ideas may exercise over our feelings. The generally prevalent opinion among women, and men for that matter, and not only of the laity but unfortunately of the medical profession as well, is that the menopause is the end of woman's sexual life. Every woman is laboring under the erroneous impression that with the establishment of the menopause, with the cessation of the menses, she ceases to be a woman, and as she does not become a man, she becomes something of a neuter being, neither woman nor man. And she has the idea that after the menopause she can have no further attraction for her husband or for other men. Naturally such an idea has a very depressing effect on any human being. Any human being fights to the last to retain all its human functions, especially the function which is considered as important as is the sexual function.

Reproductive Function and Sexual Function Not Synonymous. Of course with the permanent cessation of the menses the woman's *reproductive* function is at an end. But the reproductive function is ***not*** synonymous with the sexual function, I must insist again and again, and naturally until this erroneous idea is dispelled much unnecessary misery will

be the lot of our women. If women in general will learn that with the establishment of the menopause they do *not* cease to be women, if they will learn that the sexual desire in women lasts long beyond the cessation of the menopause, many women being as passionate at sixty as at thirty, if they will learn that their attractiveness or non-attractiveness to the male sex does not depend upon the menopause, but upon their general condition, if they will learn that many women at fifty and sixty are much more attractive than some women at half that age, they will not take the onset of the menopause so tragically and they will thereby avoid the greater part of their mental and emotional suffering.

The actual atrophy of the ovaries, uterus, external genitals and the breasts can, of course, not be prevented, but that atrophy is a slow and gradual process, and is not in itself the cause of the various distressing symptoms that we have enumerated.

The treatment of the menopause, if the symptoms are at all disagreeable, or distressing, should be in the hands of a competent physician. A little wholesome advice may be more efficient than gallons of medicine and bushels of pills. In general the woman should try to lead as calm and peaceful a life as possible. Warm baths daily are beneficial, constipation should be guarded against, hot vaginal douches are

often efficient against the disagreeable flushes, and last, but not least, the husband should during this critical period be doubly kind and doubly considerate of his wife. It is during the years between forty-five and fifty-five that the wife is most in need of her husband's sympathy and support.

Chapter Twenty

THE HABIT OF MASTURBATION

Masturbation or self-abuse is a term applied to a bad habit which consists in handling and rubbing the genitals. It is a bad habit because it is apt to injure the health and future development of the girl. The more frequently it is practiced, the more injurious it is. It is more injurious than when practiced by boys, because the effects are usually more permanent. Girls who indulge in the habit of masturbation to excess not only weaken themselves, become anemic and get a dingy, pimply complexion, but they lose their desire for normal sexual relations when they grow up, and are unable to derive any pleasure from the sexual act when they get married. In fact, many girls who masturbated excessively get a strong aversion to the normal sexual act, and their married life is an unhappy one. Their husbands often have to ask for a divorce. Fortunately, the habit is much less widespread among girls than it is among boys. While about ninety per cent. of all boys—nine out of every ten—masturbate more or less, only about ten or at most

twenty per cent. of girls are addicted to this habit. But whatever the percentage may be, the habit is an injurious one, and if you value your health, your beauty and proper growth and mental development, you should not indulge in it. If you are already indulging, if you are used to handling your genitals, if a bad companion has initiated you into the habit, you should give it up. And mothers should watch their children, guard them against developing the habit, and do everything possible to cure them of it, if prevention comes too late.

But while as you see I do not deny the evil effects of masturbation, it is necessary to state that a great change has taken place in our opinions on the subject, and it is but right that parents should know of this change of opinion among the medical profession, particularly among those who specialize in sexology.

Wrong Behavior of Parents. When parents make the "awful" discovery that their child is fondling its genitals or is indulging in masturbation, they feel as if a great calamity had befallen them. They could not feel worse if they learned that the child was a thief or a pyromaniac. Imbued with the medieval idea of the "sinfulness" of the habit, as well as its injuriousness, they begin to scold the child, to frighten it, to make it believe that it is doing

something terrible, that it has disgraced them and itself; and they try to persuade it that, unless it stops immediately, the most direful consequences are awaiting it. The results of this mode of procedure are disastrous—much more so than is the masturbation itself.

Often the scolding and the exposure of the child are done in the presence of others. This implants in the poor girl a sullen resentment that only makes it more difficult for it to break the habit. When the child is brought to the physician, you can see by its behavior, by its downcast looks, by its sulkiness, by its attempt to refrain from tears, and other signs, that it regards the physician in exactly the same light as a youthful criminal regards the judge before whom he has been brought for trial.

It is time, high time, that this silly and injurious attitude toward a practice, which is very common, be radically changed. It is time that parents and physicians learn that the injuriousness of the habit has been greatly, grossly exaggerated. It is time that they know that the vast majority of boys and girls get over the habit without being much, or any, the worse for it. The knowledge of this fact will not only save them and the children much needless anguish and suffering, but will make it much

easier to deal with the latter, make it much easier to get them divorced from the habit.

If we look at the matter in a sensible, common-sense way, and do not tell the child caught in the practice that it has done sométhĭng disgracefully vicious and criminal, but speak to it kindly and tell it that it is doing something that may injure it greatly, that may interfere with its future mental and physical health and development, then we shall have far greater success in our endeavors to break the boy or the girl of the habit of masturbation. As I have said in another place:

"In my opinion, stigmatizing even the most moderate indulgence in masturbation as a vice has a deleterious effect upon the people who so indulge and makes it harder for them to break off the habit. Every thinking physician and sexologist can tell you that picturing the masturbatory habit in too lurid colors and stigmatizing it with too strong epithets has, as a rule, the contrary effect to the one expected. The victims of the habit consider themselves degraded, irretrievably lost. They lose their self-respect, and it is, on account of that, harder for them to break themselves of the habit."

I am not trying to minimize the danger of masturbation, for, if indulged in from an early age and to great excess, the results *may* be disastrous.

But, even if I were to minimize the evil consequences, that would be less of a sin than to exaggerate them the way it has been done for so many years, by so many people in the profession and out of it. The evil results of exaggerating the influence of masturbation have been so great in the past that, if now the pendulum were to swing to the other extreme, I am sure it would not be a bad thing at all.

To deal with the subject of the *treatment* of masturbation belongs to a medical treatise. But, a few remarks on how to prevent children from acquiring the habit of masturbation will not be out of place.

Prevention of the Habit of Masturbation. The keynote of preventing the habit is, carefully to watch the child from its earliest infancy. We know that not infrequently stupid or vicious nursemaids, wet-nurses, and even governesses ignorantly or deliberately induce the habit in children under their charge. This, of course, must be prevented. Even children of the age of nine, ten, eleven years should not be left alone, but always be under supervision. Too close friendship between boys or girls, particularly of different ages, should be looked upon with suspicion.

A number of girls never should sleep in the same room without supervision by an older person.

The sleeping together of two in the same bed, whether it be two children or a grown person and a child, should not be permitted under any circumstances. I admit of no exceptions to this demand. It makes no difference whether the other person is a mother, a father, a brother or a sister. Leaving out of the question any *deliberate* element, the thing is dangerous; for, very often, unintentionally, unwittingly, masturbation is initiated by this intimate contact.

The child—boy or girl—should sleep alone, on a rather hard mattress. The covering should be light. A coverlet may be put over the feet. The child always should sleep with the arms out upon the cover or blanket, never *under* the same. If this is done from childhood on, it is very easy to get used to this way of sleeping, and many a case of masturbation will thus be obviated. The child should not be permitted to loll in bed: it must be taught to get up as soon as it awakes in the morning. The general bringing-up must be of a strengthening, hardening character; and this applies both to the body and the will. When the children reach the age of nine, ten, eleven, twelve or thirteen years (we must use discrimination and judgment, for, some children of nine

are as developed as are others of thirteen), we must tell them that it is bad and injurious to handle one's genitals, and we must warn them to shun any companions who wish to initiate them into any manipulations of these parts or who show an inclination to talk about the sexual organs and sex matters.

Hot baths are very injurious for young children in their influence in this direction. There is no question that a hot bath has a very decided stimulating effect upon the sexual desire of adults as well as of children, both male and female; in fact, I have had several patients of either sex tell me that their first masturbatory act was committed while they were in a hot bath. Of course, the sensation having been pleasurable, they kept on repeating the experience

Every factor liable to give rise to the habit should be removed. Thus, for instance, eczema about the genitals, strongly acid urine, seatworms, and the like, should be treated until cured. That anything having a tendency prematurely to awaken the sexual instinct should be rigorously avoided, goes without saying.

Mental or Psychic Masturbation. Some girls and women will abstain from handling themselves with their hands (manual masturbation), but will practice what we call mental masturbation. That is, they will concentrate their minds on the opposite sex,

will picture to themselves various lascivious scenes, until they feel "satisfied." This method is extremely injurious and exhausting and is very likely to lead to neurasthenia and a nervous breakdown. You should break yourself of it, by all means, if you can. For it is even more injurious than the regular habit.

Chapter Twenty-one

LEUCORRHEA—THE WHITES

Leucorrhea means literally a "white running," and is applied by the laity to any whitish discharge coming from the vagina. This is wrong, because some white discharges may be of little importance; others may be of a serious character, and not be leucorrhea at all.

Leucorrhea is one of the banes of the modern girl and woman. It is very frequent. Probably at least twenty-five per cent. (some say fifty or seventy-five per cent.) of all women suffer with it in a greater or lesser degree. In some cases it is only an annoyance, necessitating the frequent changing of napkins, but in others it causes a great deal of weakness, backache, erosions, itching and burning. It is very resistant to treatment, particularly in girls. The reason it is so resistant to treatment is because the discharge, while coming from the vagina, *does not usually originate* in the vagina; it originates in the neck of the womb, and the hundreds and hundreds of injections that women take for their leucorrhea only reach the vagina; they cannot penetrate into

the womb. And it is only by treating the cavity of the cervix, which can only be done by a physician, through a speculum, that the root of the trouble can be reached. And, if any erosion or ulcer is noticed, it can be directly touched up with the necessary application. And it is for this reason that in girls leucorrhea is so much more difficult to treat. For fear of having the hymen ruptured the girl objects to a thorough examination and to local treatment, and the leucorrhea is permitted to proceed until perhaps a chronic inflammation of the womb and the Fallopian tubes is established. There is no doubt that many cases of sterility or childlessness in women are due to long-neglected leucorrhea in girlhood.

What Is the Cause of Leucorrhea? We can answer simply: the cause of leucorrhea is catarrh in any part of the female genital tract. But this is no real answer. What are the causes of the catarrh? The causes of catarrh are many: the most common cause is a cold. Wetting the feet and getting chilled, particularly during the menses, may set up a catarrh in the cervix. Long standing on one's feet, lifting and carrying heavy bundles, dancing in overheated rooms and then going out scantily clad in the chill night air, prolonged ungratified sexual excitement, lack of cleanliness in the external genitals—all these are factors in setting up a catarrh of the cervix with

a resultant leucorrhea. A general rundown condition, worry, overwork, too hard study, lack of fresh air, and a general scrofulous condition also favor the development of catarrh of the womb and leucorrhea. It will therefore be seen that the treatment of leucorrhea to be successful must be general and local.

General Treatment. The general treatment consists in general hygienic measures and in common sense. The patient should not be on her feet more than she can help, and she should not walk until exhausted or fatigued. It is better to take several short walks than one long one. The corset she wears, if she wears any at all, should be of the modern kind: not one that presses the womb and the other abdominal organs down, but one that supports the abdominal walls, and rather raises the abdominal organs up. The lacing or buttoning must be from below up, and not from above down. That it should not in any way interfere with the freedom of respiration goes without saying. Constipation, if any, to be treated, must be treated intelligently, by mild measures (see Constipation, in the chapter on Pregnancy), and care must be taken that the bowels move at regular hours. Where the leucorrhea is due to or is aggravated by anemia and general weakness, a good iron preparation, such as one Blaud's five-grain pill three times a day, or a tonic of iron, qui-

nine and strychnine, will do good. A daily cold bath or cold sponge, followed by a brisk dry rubbing with a rough towel, is also useful.

Local Treatment. Local measures consist of painting or swabbing the vagina and cervix with various solutions, of tampons, suppositories and douches. Local application to the vagina and uterus can be done satisfactorily by the physician or nurse only. The insertion of a suppository or douching can be easily done by the patient herself.

While it is always best and safest to consult a physician, and, while self-medication is generally inadvisable, there are occasions when a physician is not available; in some small places a woman may, *for various reasons*, have a strong objection to gynecological examination and treatment; and some women may be too poor to pay the doctor. In such circumstances self-treatment is justified and there can be no objection to it if the remedies are harmless and are sure to do some good; that is, to improve the condition where they do not effect a complete cure.

One of the simplest things is an alum tampon. You take a piece of absorbent cotton, about the size of a fist, spread it out, put about a tablespoonful of powdered alum on it, fold it up, tie a string around the center, insert it in the vagina as far as it will go,

and leave it in for twenty-four hours. Then pull it gently by the string and syringe yourself with a quart or two quarts of warm water. Such a tampon may be inserted every other day or every third day, and I have known many cases where this simple treatment alone produced a cure. In some cases, however, douches work better and the two best things for douching are: tincture of iodine and lactic acid. Buy, say, four ounces of tincture of iodine, and use two teaspoonfuls in two quarts of hot water in a douche bag. This injection should be used twice a day, morning and night. Of the lactic acid you buy, say, a pint, and use two tablespoonfuls to two quarts of water. The lactic acid has the advantage over the tincture of iodine that it is colorless, while the iodine is dark and stains whatever it comes in contact with. Sometimes I order the use of the tincture of iodine and the lactic acid alternately: for one douche the tincture of iodine, for the next the lactic acid, and so on. When the condition improves, it is sufficient to use one teaspoonful of the tincture of iodine and one tablespoonful of the lactic acid to two quarts of water. These injections are quite efficient and have the advantage of being perfectly harmless. One point about the injections: they should be taken not in the standing or squatting position (in which position the fluid comes right out), but while lying

down, over a douche pan. The douche bag should be only about a foot above the bed, so that the irrigating fluid may come out slowly; the patient, after each injection taken in the daytime, should remain at least half an hour in bed (in the night time she stays all night in bed). This gives the injection a better chance to come in contact with all the parts of the vagina, and a portion of it comes in contact with the cervix, where it exerts a healing effect. Avoid the use of patent medicines.

THE VENEREAL DISEASES

THE word "venereal" means pertaining to sexual intercourse: venereal excess—excess in sexual intercourse; venereal disease—a disease acquired from sexual intercourse with an infected person. The word is derived from Venus (genitive—veneris), the Roman goddess of spring, flowers and Love.

There are three venereal diseases: gonorrhea, syphilis and chancroid. Of these, gonorrhea is the most widespread, syphilis the most serious. Chancroid is of comparatively little importance.

While by far the greatest amount of venereal diseases—probably ninety per cent. of the total—is contracted from illicit * intercourse, it is well to bear in mind that some of it is contracted innocently, either from a kiss, or from using a sponge or a towel which has been used by an infected person, etc. While the gonorrheal germ is generally transmitted directly, the syphilitic poison may be transmitted through various objects. Syphilis contracted not during intercourse, but in an innocent manner, from

* Illicit—illegal, non-permissible, outside of marriage.

a kiss, a towel, a toothbrush, a razor, etc., is called syphilis of the innocent, or syphilis insontium. In former years doctors would not very rarely contract syphilis from examining syphilitic women with their bare fingers. Now since gloves have come into use for examining purposes, the number of infections has considerably diminished. And no doubt that as the people become more familiar with the danger of venereal infection from non-venereal sources, the number of innocent infections will greatly diminish. The dangerous roller towel and the no less dangerous common drinking cup are being gradually eliminated as factors of *non-venereal* infection; and we may confidently expect that in a decade or two the amount of venereal disease from *venereal* infection will be greatly lessened in all civilized countries. The general increase in cleanliness in all strata of society and the universal use of antiseptics after suspicious sexual relations will constitute the chief factors in this diminution of venereal disease.

Chapter Twenty-three

THE EXTENT OF VENEREAL DISEASE

Former Silence. Only a very few years ago respectable women, by which I mean all women outside of the women called "fallen," did not know of the existence of venereal disease. It was considered a prohibited, disgraceful subject, not to be mentioned or even hinted at in conversation, in books or magazines, in lectures, or on the stage. When I say that they did not know of the *existence* of such a thing as venereal disease, that the very words gonorrhea and syphilis were unknown to them, I use these expressions not as figures of speech, but in their literal meaning. All avenues of acquiring such knowledge being closed to them—lay people don't usually now and they surely didn't then purchase and read strictly medical works—where could they obtain the information? The result was that when a woman was so unfortunate as to contract a venereal disease from her husband, she did not understand its character and did not suspect its source. Which was a rather good thing—for the husband. Family peace was more secure.

Present Exaggerations. Now a change has taken place in this respect, and, as is often the case with recent changes, the pendulum has swung to the other extreme. The silence of former days has given place to shouting from the housetops. The last phrase is also used almost in its literal sense. Many men and women, deeply stirred by the venereal peril, and sincerely anxious to guard boys and girls from venereal infection, have been indulging in very reprehensible exaggerations. Particularly lurid have been the exaggerations as to the prevalence of the disease in the male sex, with its consequent disastrous effects on married women. A statement made by a Dr. Noeggerath (a German physician who practiced at the time in New York), nearly half a century ago, to the effect that 80 per cent. of all men have gonorrhea and that 90 per cent. of these remain uncured and infect or are apt to infect their wives, has been shown to be a ridiculously absurd exaggeration. If it had been true, the race would now be at the point of dying out. Nevertheless, this statement is copied from book to book, as if it were gospel truth, as if it were a scientifically and statistically established fact instead of a wild, sensational guess. An esteemed New York physician, Dr. Prince A. Morrow, did excellent pioneer work in calling attention to the dangers of venereal disease. But, as is the case with so

many "reformers," he permitted his zeal to run away with him occasionally, and he made statements which caused and are still causing the judicious to grieve. The statement, for instance, that there is more venereal disease among innocent, virtuous wives than among prostitutes is one to cause the real honest investigator to weep (over the human tendency to exaggeration), or to burst out in uproarious laughter. The ridiculousness of this statement becomes especially evident when we recollect that the same gentleman made the statement that every prostitute, without exception, was diseased at one time or another. If venereal disease exists among prostitutes to the extent of 100 per cent., then how can it exist to a greater extent among innocent, virtuous wives? And to still further emphasize the absurdity of the above statement, I will tell you that the extent of venereal disease among married women is believed by careful non-sensational venereologists not to exceed five per cent.!

Yes, the silence of former years has given place to the lurid exaggeration of the present day. While on the whole the former was worse than the latter, the latter is bad enough, because it makes many girls unhappy, sowing in them the seeds of suspicion and cynicism, tends to make them antagonistic to the entire male sex, and inoculates them with a senseless

fear of marriage. A study made by Miriam C. Gould, of the department of psychology and philosophy in the University of Pittsburg (*Social Hygiene*, April, 1916), corroborates our remarks in a striking manner.

She has had confidential chats with 50 young girls, with whom she has had some acquaintance; of these 50, 25 were college students and 25 were not. She asked them a number of questions, the purpose of which was to find out what psychologic effect, if any, their knowledge of prostitution and of venereal disease has had on them. She states in her conclusions that "the histories reveal a large percentage of harmful results, such as conditions bordering upon neurasthenia, melancholia, pessimism and *sex antagonism* (italics mine), directly traceable to this knowledge. Eleven of the girls interviewed developed a pronounced repulsion for men, although prior to their 'knowledge' they had enjoyed men's company. They now avoid association with them, and six have declared that they have totally lost faith in the moral cleanness of men. Eight have already refused to marry, or intend to do so, because of their belief that the risk of infection was too great. If it were not for the existence of these diseases, they say they would be glad to marry. All of these say their decision has rendered them more or less unhappy."

In the laudable desire to keep our young women pure and to protect them from infection, in the endeavor to make them demand one moral standard for both sexes, our exaggerating reformers are condemning them to lifelong celibacy, which in the case of women often means lifelong neurasthenia and hypochondria.

The Truth of the Matter. Here is the Truth about venereal disease—the truth as I know it, without concealment on the one hand and without exaggeration on the other. Exact figures are, of course, unobtainable anywhere; but results obtained from unbiased investigations of *different* classes of society, from hospital reports, from questionnaires among students, etc., tell us that probably about twenty per cent. of the adult male population are the victims of gonorrhea at one time or another; that probably eight or ten per cent. are not entirely cured when they enter matrimony; and four or five per cent. (some would say two per cent.) of wives become infected with gonorrhea. This, I say, is terrible enough, and makes the greatest care and caution imperative; for, if you should be one of the victims of the two or five per cent., it would be little consolation to you that the other ninety-eight or ninety-five per cent. of wives have escaped.

Of course the percentage of venereal disease

among young men, and afterwards among their wives, will vary greatly with the stratum of society. Among the "lower" strata you may find fifty per cent. of infection, with a very large percentage of those uncured. Not because they are of a lower morality than the higher classes, but because the cheap class of prostitutes that they are obliged to patronize are frequently diseased and because they cannot afford expert treatment, or any treatment at all. Among these classes you will naturally find a much larger percentage of diseased wives. But then to counteract this we must bear in mind that there are large classes of men in whom gonorrhea exists only to the extent of five or ten per cent., and we have large classes of wives among whom the victims of gonorrhea will come up only to a fraction of one per cent.

The above figures, you see, differ materially from the statements found in so many sex books that "80 per cent. of all married men in New York have gonorrhea," and that "at least three out of every five [60 per cent.!] married women in New York have gonorrhea." Whenever you read or hear such a statement treat it with a smile—or with contempt, as all false statements should be treated.

As to syphilis, the extent of the prevalence may be given as between two and five per cent. Which

percentage differs considerable from the 75, 50 or 25 per cent. given us by some sex lecturers, but which is terrible enough as it is, without any exaggerations.

Chapter Twenty-four

GONORRHEA

The subject of gonorrhea and syphilis is treated pretty fully, from a layman's point of view, in the author's *Sex Knowledge for Men.* I do not intend to devote much space to a discussion of the details of these two diseases here, because the subject is not of such direct interest to women. Respectable girls and women do not indulge in illicit relations the same as respectable men and boys do, and their danger of contracting a venereal disease is insignificant as compared with men's liability. I will, therefore, touch upon only a few points, particularly insofar as the diseases differ in their course from the course pursued in men.

Gonorrhea is an inflammation caused by a germ called the gonococcus, discovered by Dr. A. Neisser, of Breslau, Germany, in 1879. Any mucous membrane may be the seat of gonorrhea, but it attacks by preference the mucous membrane of the genital organs, and of one other organ—the eye. Its principal symptoms are: inflammation, pain, burning

and discharge. In men, it attacks the urethra; in women it attacks the cervix—the neck of the womb—the urethra, and the vulva. The vagina is seldom attacked in adult women, because the mucóus membrane of the adult vagina is rather tough and does not offer a good soil for the development of the gonococcus germ. The discharge that a woman has when she has gonorrhea comes principally or exclusively from the neck of the womb. In little girls, however, in whom the lining of the vagina is tender, gonorrhea of the vagina and the vulva is common. (See chapter Vulvovaginitis in Little Girls.)

GONORRHEAL GERMS.

Gonorrhea is a local disease. While in some cases, after the disease has lasted for some time, a certain poison is generated by the germs which circulates in the blood, and while the germs may occasionally wander into distant organs, still in 98 per cent. of all cases gonorrhea is a local disease, and if taken in time is cured without leaving any traces on the general organism.

Gonorrhea Not Hereditary. Then, gonorrhea is *not* a hereditary disease. Nobody ever *inherits* gonorrhea. A child may be born with a gonorrheal inflammation of the eyes (ophthalmia neonatorum),

but this inflammation is not inherited; it can only be acquired if the mother is suffering with gonorrhea while the child is being born: some of the pus in the mother's birth canal gets into the child's eyes while it passes through the uterus and vagina. This is not heredity; this is simple infection, and can be avoided by keeping the mother's birth canal clean by antiseptic douches before childbirth. In short, I repeat gonorrhea is essentially a local and not a constitutional disease, and is not hereditary. In which two respects it differs from syphilis, which is the most constitutional and most hereditary of all diseases.

Course of Gonorrhea in Men and Women. Gonorrhea runs an entirely different course in women than it does in men. When a man has gonorrhea he knows it immediately; first, because the discharge tells him that there is something the matter with him, for a man is not used to having any discharge from the urethra unless there is something the matter with him. Second, the urine becomes at once burning and painful. In women the urethra is a separate canal from the vagina, and the urethra is very frequently not affected in gonorrhea. The infection generally starts in the cervix, and the disease may last for considerable time before the woman becomes aware of it. In general, gonorrhea is a less

painful disease in woman, and this is a bad thing, because she thus neglects treatment and loses valuable time, permitting the disease to develop. Even when the urethra is affected in women, it does not give as severe symptoms as inflammation of the urethra in men. If the woman does have pains she often pays no attention to them, because woman is used to pains; as we have seen before, fifty per cent. of all women suffer more or less with dysmenorrhea. Many of them have a leucorrheal discharge of greater or lesser degree, and therefore if there is an increase in the pains, or an increase in the discharge, little attention is paid to the matter. In fact, a woman may have a chronic gonorrhea for months or years without being aware that there is anything the matter with her. It is important to teach women to seek medical aid as soon as they notice any increase in the amount of the discharge, or change in color, particularly if it becomes greenish, or if the odor becomes offensive, or if there is chafing, burning, or irritation around the genitals, and particularly if there is an increase in the frequency or urgency of urination, or if there is a burning, scalding, or cutting sensation during the act of urination. Also whenever the sexual act becomes painful. If women consulted a physician as soon as they noticed any of the symptoms referred to

above, they would save months and years of suffering and expense, because the disease would often be taken in hand while still limited to the cervix, and not, as is now often the case, after the inflammation has extended into the uterus and Fallopian tubes.

Self-treatment. I do not believe in self-treatment because it is generally unsatisfactory and may often even become dangerous, and I decidedly advise every woman who suspects that she has contracted gonorrhea to apply at once to a competent physician. But it happens not infrequently that a woman is so situated that she cannot consult a physician. And in the meantime there is danger of the gonorrhea spreading further and further. In such cases it is advisable for the woman to use an injection until such time when she can consult a physician. The injection I am going to advise may in itself produce a cure; and, if it does not produce a complete cure, it at any rate improves the condition, prevents the extension of the disease, makes subsequent treatment easier, and besides is perfectly harmless. The best injection for self use in gonorrhea is tincture of iodine; the proportion is two teaspoonfuls to a quart or two quarts of water. If the case is very bad, such an injection may be taken twice a day. If the case is not very bad, once a day is sufficient. After using the tincture of iodine for five days to a week, it is

good to change off to lactic acid. Buy a pint or so of lactic acid in a drug store, and use one tablespoonful to a quart of water. It is preferable to have the water hot, about 100 deg., but where this is inconvenient it may be used lukewarm. The lactic acid injection is used for three days, then the iodine injection is resumed, then again the lactic acid, and so on. I know of many cases that were cured by this treatment alone. And I might mention that these injections are generally also very efficient in leucorrhea, as stated in the chapter on Leucorrhea.

Chapter Twenty-five

VULVOVAGINITIS IN LITTLE GIRLS

The mucous membrane, or the lining of the vulva and vagina, in little girls is very tender, and therefore very readily subject to infection. An infection of the vulva and vagina due to the gonococcus or to some other germ is very common in little girls. At least it used to be, particularly among children of the poor, in institutions and hospitals. The very dangerous infective character of vulvovaginitis was not known, and the infection was therefore easily transferred by towels, linen, toilet seats, bedpans, syringe nozzles, thermometers, the nurses' hands, and in various other ways. Now great care is being taken and in most hospitals no children are admitted in the general wards unless it is determined that they are free from vulvovaginitis.

Generally speaking, vulvovaginitis in children is a mild infection. A child may have it for several weeks or months without being aware of it, without saying anything about it, the diagnosis often being made by the mother, who begins to notice the creamy discharge on the girl's linen or underwear. And this

is the principal symptom in little girls thus afflicted —the discharge. This discharge may be very profuse, covering the vulva, vagina, and cervix.

In severe cases, there is also an infection of the urethra, and the child may complain of burning at urination, itching and pain around the vulva and anus, and slight pain in the abdomen. There may be a moderate rise in temperature, up to 101 deg. F., and in some instances the attack is sufficiently acute to give rise to a chill and fever. A mild inflammation of the joints may set in within the first weeks of the infection, although as a usual thing it comes later on.

Evil Sequelæ of Vulvovaginitis. While, as stated, vulvovaginitis is a comparatively mild infection as far as its symptoms are concerned, it nevertheless has a very bad effect on the child who is unfortunate enough to become a victim of the disease. First of all, it is an extremely long drawn, persistent disease. It usually takes months, and these months may run into years, before a complete cure is effected. Second, relapses are quite common. Third, the treatment is a disagreeable one for the child, and is occasionally painful. Fourth, it has a disastrous effect on the child's *morale;* most parents, though they may love the child most affectionately, look somewhat askance at it; and continuous vaginal

treatment somehow or other has a humiliating effect on the child, which begins to consider itself as an outcast, as something apart from other children. Fifth, the child's education is very frequently seriously and permanently interfered with, because it must often be taken out of school, whether public or private, and private tutoring is of course feasible only for the few. Sixth, and this is a point not sufficiently appreciated by the profession and the laity, but it is an important point, nevertheless: vulvovaginitis in children has unfortunately a disastrous effect in *hastening the sexual maturity of the child.* Whether this is due to the congestion of the organs produced by the inflammation, or to the speculum examinations, paintings, douches, applications, tampons, suppositories, etc., the fact remains that girls who suffer from vulvovaginitis in childhood become sexually mature considerably earlier than normal girls of the same class, stratum and climate, and their demand for sexual satisfaction is much more insistent. Seventh, a mild vulvovaginitis may be the cause of permanent *sterility.*

It will therefore be seen that vulvovaginitis is a calamity, and everything possible should be done to guard female children from contracting it. *All* children should *always* sleep alone. Under no circumstances should a child sleep with anybody else, be it

a sister, a mother, a friend, a governess, or a servant girl. People should be very careful in sending their children to spend a night or two with some friends. The friends may be all right, but still a friend of the friends or a relative of the friends may not be. I have known several cases where the origin of the vulvovaginitis could be traced to little girls spending a week at the house of some friends where a boarder or relative was infected with gonorrhea. That children should be kept away from associating or playing with adults or other children who are known to have gonorrheal infection goes without saying. The child's genitals should be frequently inspected by the mother, and scrupulous cleanliness by frequent bathing, sponging with warm solutions and powdering, should be maintained. The toilet seats in school should receive special attention. The wooden seat is a menace because it often harbors gonorrheal pus from either the female or male genitals, while the only proper seat is one of the so-called U-shaped style, that is, one in which the front is entirely open, like the letter U.

Chapter Twenty-six

SYPHILIS

Syphilis is a disease caused by a germ called spirocheta; the full name is spirocheta pallida—a

Spirocheta Pallida, or Treponema Pallidum, the Germ of Syphilis as Seen under the Microscope.

pale, spiral-shaped germ. Though the disease has been ravaging Europe and America for centuries, the germ of it has been discovered only a few years ago, namely, in 1905, and, like the gonococcus, also by a German scientist, Fritz Schaudinn. Syphilis is a constitutional disease. In ten days to three weeks after a person has contracted syphilis, he (or she)

develops a sore (at the spot where the germs got in). This sore is called *chancre* or *primary lesion.* But when this sore makes its appearance the spirochetæ and the poison which they elaborate are already circulating in the blood, all over the system. The disease is already systemic, or constitutional, and the chancre is the local expression of a constitutional disease. Cutting out the chancre will not cure the disease, because, as stated, the germs are already in the system. The time between the contraction of the disease (the infectious intercourse) and the appearance of the chancre is called the *Incubation Period.* The time between the appearance of the chancre and the appearance of the rash on the body (the rash looks like a measles rash and is called roseola, which means a rose-colored rash) is called the *Primary Stage.* It lasts about six weeks. With the appearance of the rash commences the *Secondary Stage.* This stage is characterized by all sorts of *eruptions,* mild and severe, by white little patches (called mucous patches) in the throat, mouth, tonsils, vagina, by falling out of the hair, etc. The length of this secondary stage depends a good deal upon the sort of treatment the patient gets. Improperly treated, or not treated at all, it may last two or three years or more. Properly treated, it may be cut short at once, in a few days, so that the patient may never

again in his or her life get an eruption. The third or *Tertiary Stage* is characterized by *ulcerations* in various parts of the body and by *swellings* or tumors. The name of a syphilitic swelling or tumor is gumma (plural, gummata). The tertiary stage is the most terrible stage and it used to be the terror of syphilitic patients. But at the present time, under our modern methods of treatment, patients, if properly treated, *never have a tertiary stage*. We have seen many patients who considered syphilis a trifling disease, because all they knew of their disease was the chancre and the first eruption, i. e., the roseola, and perhaps a slight falling out of the hair. They then put themselves under energetic treatment, the *activity* of the disease was checked, and they never had another symptom afterwards, though a Wassermann test showed that the disease was not entirely eradicated. It was merely held in check—which is the second best thing.

As stated before, syphilis is the most hereditary of all diseases. Fortunately, if the disease is still very active in the parents, particularly in the mother, the child is generally aborted. Some syphilitic mothers will have half a dozen or more miscarriages in succession. When the disease has become "attenuated," either by treatment or by itself—many diseases lose their virulence in time—the child

may be carried to term. It then may be born dead, or it may be born strongly syphilitic, and die in a few days or weeks, or it may be born without any signs of syphilis and be apparently healthy and then develop the disease at the age of ten, twelve, fourteen, or later, or it may be born healthy and remain healthy. But no woman who had syphilis, or whose husband had syphilis, should *dare* to conceive or to give birth to a child unless she has been given permission by a competent physician. I mean just what I say. It is not a personal matter. A woman has a right to marry a syphilitic husband if she wants to and run the risk of contracting syphilis. Her body is her own, and if she does it with her eyes open it is her affair. But a woman has no right to bring into the world syphilitic or syphilitically tainted children. Here society has a right to interfere.

Syphilis runs a milder course in women than it does in men. But this milder course is not an unmixed blessing; it may be considered a misfortune, because, the same as gonorrhea in women, syphilis is often present for months and years until it has made such inroads that it is but little amenable to treatment. In many women the disease runs such a mild course, as far as definite symptoms are concerned, that they are sure they never had anything the matter with them, and they are perfectly sincere

in their denial of ever having had any infection. Often it is only when they complain of obscure symptoms, for which we can find no explanation, and then take a Wassermann test, that we discover what the real trouble is. And then the internal organs are sometimes found so deeply affected that it is hard to do anything. So it is seen that the mildness of the course of the disease, while a good thing in itself, is bad in that respect that it prevents timely treatment. It is therefore important that whenever a woman is in any way suspicious that she may have the disease that she have herself examined; and if she has reasons to suspect that her husband or partner has the disease, she should persuade him to have himself examined.

Locomotor ataxia, one of the most terrible sequelæ of syphilis, is much more rare in women than it is in men. So is general paresis, also called general paralysis of the insane, or softening of the brain.

Chapter Twenty-seven

THE CURABILITY OF VENEREAL DISEASE

Just as the usual statements in regard to the extent of venereal disease have been found untrue or greatly exaggerated, so do the statements regarding the curability or rather incurability of venereal disease need careful revision. The picture usually painted of the hopelessness of gonorrhea and syphilis is too sombre, too black, and, contrary to the assertions made by laymen and laywomen and physicians who do not specialize in the treatment of venereal disease, I wish to make the statement that every case of gonorrhea in man, without any exception, if properly treated, can be perfectly cured, *as far as practical purposes are concerned.* I add the last phrase because the cure may not be perfect in the scientific sense of the word; that is, the man may not be brought back into the condition in which he was before he got the disease. But, for all practical purposes, as far as he himself is concerned, as far as his wife is concerned, and as far as the future children are concerned, every case may be cured, without any doubt. And I say this, basing myself

upon a varied professional experience extending over nearly a quarter of a century.

As to gonorrhea in women, that depends to a great extent upon the virulence of the disease and the promptness with which treatment is instituted. If the gonorrhea is limited only to the cervix, the vulva and the urethra, then prompt treatment will usually bring about a cure in a comparatively short time. But if the gonorrheal inflammation has extended to the body of the uterus, or still worse, to the tubes, then the treatment may become a very tedious one, and some cases may not be curable without an operation.

With syphilis the matter is different. Since the introduction by Ehrlich of the various arsenic preparations, we have much better success in the treatment of syphilis, and we can positively render every case non-infectious to the partner. But, as to guaranteeing a positive cure, that is, guaranteeing that the patient will never have an outbreak or relapse of his disease in the future, and that the children will be perfectly free from any taint, this we can do no more now than we could before the modern treatment of syphilis was introduced. The decision, therefore, as to whether we may or may not permit a once syphilitic patient to marry will depend a great deal upon whether or no the husband or the wife or

both desire to have children. If this is the case, we must often withhold our permission; but if the man and woman agree to get married and to get along without children, we will grant permission to the marriage in the vast majority of cases. The subject of venereal disease and marriage will be further discussed in separate chapters.

Venereal disease, I have to repeat, is terrible enough in itself, without any exaggeration, without picturing it in too black colors. And it is necessary that people should not have too black an idea of it. It is necessary that they know that there are thousands and tens of thousands of patients who suffered with gonorrhea or syphilis and who were perfectly cured, who married, and whose wives remained perfectly well, and who gave birth to perfectly healthy, untainted children.

Chapter Twenty-eight

VENEREAL PROPHYLAXIS

To sum up briefly: Where the woman has a suspicion that her husband is in an infectious state, she should abstain from relations with him until she is sure that he is safe. But where for some reason a suspicious intercourse is indulged in, the woman should use an antiseptic douche *before* and *after* intercourse. Where it is inconvenient to use a douche both before and after, a douche after will have to suffice, but it is much safer and surer to use the douche both before and after. When you use a douche there is always some of the solution left in the vagina and that destroys wholly or in part the infective germs. The following makes an effective douche: Dissolve a tablet of bichloride (they come on the market of the weight of about 7½ grains) in two quarts of water—hot, lukewarm or cold. Use before intercourse a small amount—about a pint or half a pint, and use the balance after intercourse. Instead of the bichloride you may use a tablespoonful of carbolic acid or two, three or even four tablespoonfuls of boric acid.

Instead of the douche an antiseptic jelly in a collapsible tin tube with a long nozzle may be used.

But besides the venereal sources of infection the woman must guard against the non-venereal sources. Do not ever, if you can avoid it, use a public toilet. If you are forced to use it, protect yourself by putting some paper over the seat.

Do not use a public drinking cup. If you have to use one, keep your lips away from the rim. One can learn to drink without touching the rim of the glass or cup with the lips.

Do not under any circumstances use a public towel. The roller towel is a menace to health and should be forbidden in every part of the country.

If you have to sleep in a hotel or in a strange bed, make sure that the linen is clean and fresh. Never sleep on bed linen which has been used by a stranger.

Never use a public brush or comb.

Be sure that your dentist is a careful, up-to-date man, and sterilizes his instruments carefully. Many a case of syphilis has been transmitted by a dentist's instrument. A syphilitic who goes to a dentist to be treated generally conceals his disease, and if the dentist is not in the habit of sterilizing his instruments after each patient, disaster may result.

Be sure that your manicurist is not syphilitic, or

at least that her hands are healthy, clean and free from any eruption.

And, last but not least, do not indulge in promiscuous kissing. This is a particularly important injunction for young girls. This is a real peril and there are thousands of cases of syphilis that are known to have been contracted directly from kissing. People suffering with syphilis often have little white sores (mucous patches) on their lips, tongue and inside of cheeks. These sores are very infectious, and by kissing the disease is readily transmitted. Kissing games have been responsible in more than one case for the spread of syphilis to many persons. I have now under treatment a girl of nineteen who contracted syphilis on her summer vacation from having kissed a man once. Avoid promiscuous kissing! It is a bad practice for more than one reason.

Chapter Twenty-nine

BIRTH CONTROL OR THE LIMITATION OF OFFSPRING

No girl, and no man for that matter, should enter the bonds of matrimony without learning the latest means of preventing conception, of regulating the number of offspring. With people who consider any attempt at regulating the number of children a sin, we have nothing to argue, though we believe that there are very few people except among the lowest dregs of society who do not use some measures of regulation. Otherwise we would see most families with ten to twenty children instead of two or three. Nor do I intend to devote this chapter to a detailed presentation of the arguments in favor of the rational regulation of offspring. It would have to be merely a repetition of the arguments that I have presented elsewhere.* But a few points may well be touched upon here.

In spite of the fact that the subject of birth control is much better known now than it was when we first started to propagate it, still it cannot be mentioned too often, for the misapprehensions con-

* The Limitation of Offspring by the Prevention of Conception.

cerning it almost keep pace with the propaganda. First, there is a foolish notion that we would try to regulate the number of children forcibly, that we would compel people to have a small number of children. Nothing could apparently be more absurd, and still many people sincerely believe it. Nothing is further from the truth. On the contrary, much as we are in favor of birth control, we advise limitation of offspring only to those who for various reasons, financial, hereditary or hygienic, are unable to have many children. We emphatically believe that couples who are in excellent health, who are of untainted heredity, who are fit to bring up children, and have the means to do so, should have at least half a dozen children. If they should have one dozen, they would deserve the thanks of the community. All we claim is that in such an important matter as bringing children into the world, the parents who have to carry the full burden of bringing up these children should have the right to decide. They should have the means of control. They should be able to say whether they will have two or six or one dozen children.

Contraceptive Measures

And the argument that contraceptives are injurious to the health of the woman, of the man, or of

both, may be curtly dismissed. It is not true of any of the modern contraceptives. But even if it were true, the amount of injury that can be done by contraceptives would be like a drop of water in comparison with the injuries resulting from excessive pregnancies and childbirths. Some of the contraceptive measures require some trouble to use, some are unesthetic, but these are trifles and constitute a small price to pay for the privilege of being able to regulate the number of one's offspring according to one's intelligent desires.

The commonest argument now made against contraceptives is that they are not absolutely safe, that is, absolutely to be relied upon, that they will not prevent in absolutely every case. This is true; but there are three answers which render this objection invalid. First, many of the cases of failure are to be ascribed not to the contraceptives themselves, but to their improper, careless and unintelligent use. The best methods in the world will fail if used improperly. Second, if the measures are efficient in 98 or 99 per cent. and fail in one or two per cent., then they are a blessing. Some women would be the happiest women in the world if they could render 98 per cent. of their conjugal relations unfruitful. Third, the imperfections of our contraceptive measures are due to the secrecy with which the entire

subject must necessarily be surrounded. If the subject of birth control could be fully discussed in medical books there is no doubt that in a short time we would have measures that would be absolutely certain and would leave nothing to be desired. But even such as they are, the measures are better than none, and as said in the beginning of this chapter, it is the duty of every young woman to acquire as one of the items of her sex education the knowledge of how to avoid too frequent pregnancies. In fact, I consider this the most important item in a woman's sex education, and if she has learned nothing else she should learn this. For this information is *absolutely* necessary to her future health and happiness.

A Few Everyday Cases

In my twenty years' work for the cause of rational birth control I have come in contact with thousands and thousands of cases which demonstrate in the most convincing manner possible the tragic results of forced or undesired motherhood, and of the fear of forced or undesired motherhood.

Some of the cases were in my own practice, some were related to me by brother physicians, some were described to me by the victims living in all parts of

this vast country. Were I to collect and report all the cases that came to my notice during those twenty years, they would without exaggeration make a volume the size of the latest edition of the Standard Dictionary, printed in the same small type. Some of them are positively heartbreaking. They make you sick at the stupidity of the human race, at the stupidity and brutality of the lawgivers. But I do not wish to appeal to your emotions. I do not wish to take extreme and unique cases. I will therefore briefly relate a few everyday cases, which will demonstrate to you the beneficence of contraceptive knowledge and the tragedy and misery caused by the lack of such knowledge.

Case 1. This class of case is so common that I almost feel like apologizing for referring to it. She, whom I will call by the forbearing name of Mrs. Smith, had been married a little over nine years, and had given birth to five children. She was an excellent mother, nursed them herself, took good care of them, and all the five were living and healthy. But in caring for them and for the household all alone, for they could not afford a servant or a nurse-girl, all her vitality had been sapped, all her originally superb energy had dwindled down to nothing; her nerves were worn to a frazzle and she became but a shadow of her former self. And the fear of

another pregnancy became an obsession with her. She dreamed of it at night, and it poisoned her waking hours in the day. She felt that she simply could not go through another pregnancy, another childbirth, with its sleepless nights and its weary toilsome days. She asked her doctor who brought her children into the world to give her some preventive, but he laughed the matter off. "Just be careful," was all the advice she got from him. And when in spite of being careful, she, horror of horrors, became pregnant again, she gathered up courage, went to the same doctor, and asked him to perform an abortion on her. But he was a highly respectable physician, a Christian gentleman, and he became highly indignant at her impudence in coming to him and asking him to commit "murder." Her tears and pleadings were in vain. He remained adamant.

Whether he would have remained as adamant if instead of Mrs. Smith, who could only pay twenty-five dollars for the abortion, the patient had been one of his society clientele, who could pay two hundred and fifty dollars, is a question which I will not answer in the affirmative or negative. I will leave it open. I will merely remark that in the question of abortion in certain specific cases the moral indignation of some physicians is in inverse proportion to the size of the fee expected. A doctor who will be-

come terribly insulted when a poor woman who can only pay ten or fifteen dollars asks to be relieved of the fruit of her womb, will usually discover that the woman who can afford to pay one hundred dollars is badly in need of a curettement. Oh, no. He does not perform an abortion. He merely curets the uterus.

But to come back to Mrs. Smith. She went away from the indignant adamant doctor. But she was determined not to give birth to another child. She confided her trouble to a neighbor, who sent her to a midwife. The midwife was neither very expert nor very clean. Mrs. Smith had to go to her two or three times. After bleeding for about ten days she developed blood poisoning, from which she died a few days later, at the early age of twenty-nine, leaving a disconsolate father, who in time to come will probably find consolation with another woman, and five motherless children, who will never find consolation. One may find a substitute for a wife, there is no substitute for a mother.

And such tragedies are of daily occurrence. May the Lord have mercy on the souls of those who are responsible for them.

Before I proceed further I wish to say that it is the terrible prevalence of the abortion evil, with its concomitant evils of infection, ill health, chronic in-

validism and death, that more than any other single factor urges us in our birth control propaganda. And those who want to forbid the dissemination of any information about the prevention of conception are playing directly into the hands of the professional abortionists. They could not act any more zealously if they were in league with the latter and were paid by them. And having mentioned the subject of abortion, I wish to utter a note of warning. In our birth control propaganda, we must be very careful to keep the question of the prevention of conception and of abortion separate and apart. The stupid law puts the two in the same paragraph, some ignorant laymen and equally ignorant physicians treat the two as if they were the same thing, but we, in our speeches and our writings, must keep the two separate, we must show the people the essential difference between prevention and abortion, between refraining from creating life and destroying life already created; we must show the viciousness of meting out the same punishment for two things which are fundamentally different, different not only in degree but in kind—and it is only by thus keeping the two things apart, by showing that we stand for one thing—prevention—and not for the other—abortion, that we can ever gain the general sympathy of the public and the co-operation of the legislators. I do

not say that there are not many cases in which the induction of abortion is not only justifiable, but imperative; but that is a different question, and the two issues must not be confused. And we would and should resent any attempt on the part of either enemy or friend to so confuse them.

Case 2. Mr. A. and Miss B. are in love with each other. But they cannot get married, for his salary is too small. They might risk getting married, if the specter of an indefinite number of children did not stretch out its restraining hand. She comes from a good family, she was brought up, if not in the lap of luxury, in the lap of comfort and coziness, and it is the ambition of every good American to furnish his wife at least as good a home as her father gave her. Her father, by the way, died prematurely from overwork in trying to give all possible comforts and advantages to a bevy of six unmarried and marriageable daughters.

As I said, the fear of children kept them back. Each year the hope revived that in another year their union in matrimony would be consummated. But the years passed. Mr. A.'s hair became thin and grayish, Miss B began to look haggard and pinched —and still the marriage could not take place. Miss B was very religious and very proper, and would not do anything that was improper. A was not

quite so proper; he paid occasional visits elsewhere, and as instruction in venereal prophylaxis was not included in his college course, he acquired a gonorrhea, which it took him about six months to get rid of. To shorten the story, A was thirty-nine and Miss B was thirty-five when the many times postponed marriage was consummated, but Cupid seemed to be busy elsewhere when the ceremony took place, and there is very little romance in their married life. The marriage has remained childless, as I told Mr. A it would be.

I consider this a ruined life—and all for the lack of a little knowledge.

If the anti-preventionists, those who are opposed to any information about the prevention of conception, were not so hopelessly stupid, they would see that from their own point of view it would be better if such information were legally obtainable. For it would be instrumental in causing more marriages which otherwise remain unconsummated, and by favoring early marriages, it would be instrumental in curtailing the demand for prostitution, in diminishing venereal disease. And as is well known, venereal disease is one of the great factors in race suicide.

Case 3. A young woman was married to a man who besides being a brutal drunkard was subject to

periodic fits of insanity. Every year or two he would be taken to the lunatic asylum for a few weeks or months, and then discharged. And every time on his discharge he would celebrate his liberty by impregnating his wife. She hated and loathed him, but could not protect herself against his "embraces." And she had to see herself giving birth to one abnormal child after another. She begged her doctor to give her some means of prevention, but that boob claimed ignorance, and the illegality of the thing. The woman finally committed suicide, but not before she had given birth to six abnormal children, who will probably grow up drunkards, criminals or insane.

And because we object to such kind of breeding, we are accused of being enemies of the human race, of advocating race suicide, of violating the laws of God and man. Oh, for a mighty Sampson to strike the imbeciles with the jaw of an ass, for a mental Hercules to loosen the fontanelles of their petrified skulls and put some sense into them!

Case 4. This observation concerns a couple both of whom had a very bad heredity. The blood of each was badly tainted. The doctor who had treated the husband cautioned them and told them that they had no right to have children. But here the tables were turned. The doctor wanted to give them the means

for prevention, but the husband and wife, pious Roman Catholics, would not go against their religion and God (as if God wanted a world full of imbeciles), and refused to employ any precautions. They have had four children so far. One of them seems fairly normal, except that he is silly, in which respect he is merely like his parents; two are deaf and blind in one eye; the fourth is a cretin, practically an idiot.

This case brings us face to face with another phase of the problem. What should we do when the parents, stupid and ignorant, refuse to stop breeding worthless material? Eugenic agitation, education, will bring about such a strong public opinion that none but idiots, who will be vasectomized or segregated, will dare to bring into the world children that are physically and mentally handicapped.

Case 5. This couple had been married eight years, and had five children. And the wife said she could not stand it any more. Another child—no, she preferred death. They practiced coitus interruptus for a while, with mutual disgust, but when the wife was caught again, she said: "No more!" And she would not let her husband come near her. He could do what he pleased—she did not care. After a few months he began to go elsewhere—contracted syphilis, had to give up his position, the home was broken

up, the wife went out to work, the children are scattered—in short, a home, which we are told is the foundation of our society, is broken up, and there is misery and wretchedness all around—and all for the lack of a little timely information.

Case 6. Mr. A and Miss B, twenty-eight and twenty-five years old respectively, have known one another for several years, and in spite of their occupation, which is supposed to make people blasé and cynical—he being a reporter and she a special story writer—are quite in love with each other. But their occupation and income are such that they cannot possibly afford to have and to bring up any children. They would love to get married, but the specter of a child—or rather of children—frightens them; and they remain single, to the great physical and mental injury of both. Accidentally they learn of appropriate means of regulating conception, get married and live happily—ever after, that is, until they find themselves in a position to have children and to bring them up properly.

In what way was society injured by this young couple acquiring contraceptive information?

Case 7. Mr. C and Miss D are in love with each other. Unfortunately there is a strong hereditary taint of insanity on both sides. They are too high-minded to think of giving birth to children. They

might be all right, but with insanity one does not take any chances. The thing is too terrible. They are condemned to a life of celibacy, which to them means a life of loneliness and misery. But like an angel from heaven comes to them the knowledge that one can live a love-life without any penalties attached to it. They get married and there is not a happier couple living.

In what way has society been injured by this couple obtaining the contraceptive knowledge?

Case 8. Mr. and Mrs. E have been married five years. They have a child four years old which shows unmistakable symptoms of epilepsy. They are horrified and an investigation discloses the fact that on her side in the preceding generation there was a good deal of epilepsy. Of course, the next child may not be epileptic. But then again it may. No parents with any sense of responsibility would take such chances. They decide to give up conjugal relations. They keep it up for about thirteen or fourteen months; then one night an accident happens and very soon she finds herself pregnant. She declares she would rather die than to give birth to and have to take care of another epileptic child. She goes to a friendly physician who performs an abortion on her, and now the couple, not secure against future accidents, if they live together, de-

cide to separate, and a tragedy is in sight. Fortunately they learn that conception can be prevented, and they continue to live together with benefit to themselves and harm to none.

In what way has society been injured by those people acquiring contraceptive information?

Case 9. Mr. and Mrs. F have been married six years, and in these six years they have been blessed with four children. When he married he was getting twenty-two dollars a week, and that is exactly what he is getting now. In the meantime the cost of living has gone up twenty-five per cent., and there are four extra mouths to feed and four extra bodies to clothe. What difference this has made in that little household can better be imagined than stated. The little mother has aged sixteen years in those six years, and there is not a trace left of her girlishness and youthfulness. She loves her children, and does not want to get rid of them. She would not take a million dollars for one of them, but she would not give five cents for another. But this is just what terrifies them; the possibility of another. And that possibility makes her irritable, makes her repel her husband's slightest advances, makes her move his bed to another room. She even tells him to satisfy his sexual desires elsewhere—and at the same time she is in fear and trembling that he might follow

her advice. In short, a nice young home is about to be disrupted. Fortunately he reads somewhere an article on the subject of voluntary limitation of offspring, he begins to investigate; his physician pleads ignorance, but he is persistent, the physician investigates and obtains the desired information, which he shares with the patient. Harmony is restored and a happy home is re-established.

Who was injured by the couple obtaining this information? And if nobody was injured, and everybody concerned was benefited, then why should the imparting of such information be considered a felony, punishable like the most atrocious of crimes?

Case 10. Mr. and Mrs. G have been married fifteen years. They were the parents of seven children, a large enough number for any family. Those seven children were born during the first eleven years of their married life. During the past five years, afraid of having any more, they first abstained and then adopted a method which every modern sexologist knows is injurious to the nervous system of both the man and the woman. The man became a wreck; first neurasthenic, then impotent, cranky and grouchy, unable to get along in the office, constantly squabbling with his wife, who became just as bad a wreck. Their economic condition plus too many small children prevented the parents'

separation. They remained living together, but they lived like a cat and a dog tied in a bag. Each silently prayed to be rid of the other. But a conversation overheard at a Turkish baths establishment put him on the right trail, and one year later we find the couple reconciled, both in good health and living a peaceful and fairly harmonious life. And those who have benefited most by the change are the children. In what way was society injured? And still if the doctor who gave Mr. G the information should have been caught and convicted, he would have been sent to prison for a year or two or five. Would he have deserved it? Here we have several plain, simple, unvarnished and unembellished cases which are typical of millions of similar cases and which prove conclusively that the law against imparting information about preventing conception is brutal, vicious, antisocial. Should not such a law be repealed, wiped off the statute books?

Of course, it should.

Chapter Thirty

ADVICE TO THE MARRIED AND THOSE ABOUT TO BE

I have the confidence and listen to the intimate confessions of more men and women probably than any other physician in America, or perhaps in the world. For reasons easily understood they tell me things which they would not think of telling to their regular physician. I have learned of many of the reasons, which in many families led first to a coolness, then to an estrangement, or to quarrels, to separation and divorce. I know the first steps which in many instances draw the husband to another woman. And I wish to tell you, that while I firmly believe in the polygamous or rather varietist tendencies of the average man, nevertheless I am convinced that one of the great reasons why so many married men patronize prostitutes, or have mistresses or lady friends, is to be found in the wives themselves. Many wives *drive* their husbands to other women, and are alone responsible for their suffering, for the cooling of their husbands' affections, and perhaps even desertion. And in the fol-

lowing pages I will endeavor, as stated before, to point out some of the rocks and shoals on which the matrimonial bark is so often shattered, and to offer the wives some suggestions which will help them to retain their husbands' affections and perhaps even also their fidelity.

While the advice is intended primarily for wives, there will be found here and there a salutary piece of advice for husbands. Some of the advice is applicable to both partners, and as to those suggestions which concern the husband only—it will be a good thing for the wives to call their husbands' attention to them.

The first few weeks or the first few months are the most important in the life of a married couple. The stability of the marriage, the future happiness, often depend upon the things which are done or left undone during the initial weeks of married life. A certain understanding must be reached from the very beginning. If your husband does certain things which displease you and which you know should not be done, it is best to say so at the very start. It is easier to prevent the establishment of a habit than to break a habit after it has been established.

Retain Your Individuality. The first piece of advice I have to give you is: *Retain your individual-*

ity. It is a trite but perfectly true observation that altogether too many men who during courtship were chivalry personified assume a dictatorial tone as soon as the knot has been tied. They think that the wife has actually ceased to exist as a separate human being, that she has been absorbed, and with the loss of her name she has lost all right to have her own opinions, her own tastes, and, of course, her own friends. Friends who are obnoxious to one of the marital partners one must give up sometimes; but do not permit your entire personality to be obscured. Explain to your husband that you are still an independent living human being. I do not say, you should at once start a fight. Nothing is more offensive to me than the militant, pugnacious woman, who wears a chip on the shoulder and is continually ready to insist on her "rights." But with gentleness and firmness much can be accomplished. And you want to remember that many husbands act the way they do, not because they are vicious, but because they are stupid or childish. Sometimes it is mere thoughtlessness. They have been brought up wrongly, and some of them sincerely imagine that by repressing the wife's personality, by blotting it out, they are acting in her interest. "It is for her own good." A serious talk with a husband will sometimes have a wonderful effect. It may some-

times change entirely the current of his thoughts. Of course if the husband is a cad, a conceited fool, or a brute, you can do nothing with him; but fortunately not all husbands belong to those categories.

Wife's Behavior Toward Sexual Relations. I am now coming to a delicate subject. But, delicate though it is, it must be dealt with unflinchingly, because it is probably responsible for more male infidelity than all other causes combined. I speak of the relation of the wife to her marital duties, in other words, to sexual relations. Too many women regard the sexual act as a nuisance, as an ordeal, as something disagreeable to get through with as quickly as possible; they regard the husband's demands in this line as an imposition, as unfair or even as brutal; and their behavior preliminary to and during the act is such as to cool the ardor of any refined and sensitive man. The reasons for this behavior on the part of many wives are manifold; this is not the place to consider them in detail. I will allude to them briefly. One great cause is congenital frigidity. The woman is cold, frigid, has no desire for sex relations and experiences no pleasure, no sensation from them. Such women are not to blame; they are to be pitied. But even they can behave so as not to repel their husbands.

Another great cause is the vicious, prudish bringing up, by which the sex act is regarded as something unclean, indecent, animal-like, brutal. Such women need a good "talking-to," and if they are only not natural born fools, one good explanation often fixes matters. On a par with this general prudishness is the infamous idea promulgated by a few semi-insane, mentally decrepit men and women, that sexual intercourse is for the purpose of propagation only. That only when a child is wanted is the relation permissible; at all other times it is a sin, an "act of prostitution," an offense in the eyes of God, etc., etc. Of course if the wife has such ideas the husband deserves little sympathy. A man should know what ideas the woman entertains whom he is going to make his wife and the mother of his children. But, unfortunately, this, the most important subject of sex and sexuality, is never touched upon by the engaged couple (it would be so indelicate!), and after they are married they often find themselves at opposite poles. Here also a good heart-to-heart talk will do a world of good. I have had several such cases where a little conversation or even a letter saved the couple from disruption.

In many cases the cause of refusal is fear of pregnancy. In this case the wife is right. But the

remedy is simple: give her full instruction in the use of contraceptive measures. Other causes are: excessive masturbation, vaginismus, local malformation, inflammation, etc. But whatever the causes of the wife's "bad behavior" may be, they are all amenable to treatment. Some need medical treatment, some psychic treatment, and some nothing but just a common-sense, heart-to-heart talk.

And I would emphasize: Do not repel your husbands when they ask for sexual favors—at least do not repel them too often. Households in which relations are had rather frequently and in which the wives lend their full and eager participation are happier households than those in which the sexual act is indulged in rarely, and with grumbling and side-remarks on the part of the wife.

But of course you should not go to the other extreme either. You should not make too frequent demands upon your husband. With a man the act means a good deal more than it does with a woman; it entails a great deal more of physical and mental exhaustion, and a wife who is unreasonable in this respect is sowing the seeds of discord and unhappiness. She is sacrificing the future to the present. The husband is apt to become afflicted with satiety or impotence—and the wife may have to lead a life of continence for much longer than she would have

had to if she had been moderate. In no department of life is moderation so important as in sex life. Non-use, insufficient use and excessive use are all bad. A mutually joyful, eager and moderately frequent participation in the sexual act will contribute most to a happy and long life.

Dainty Underwear. This may be considered too delicate or too trifling a subject to discuss in an important sex book. But nothing is too delicate or too trifling that concerns human happiness, and you will believe me if I tell you that nice underwear or dainty lingerie plays a very important rôle in marital life. And every married woman should have as fine and as dainty underwear as she can possibly afford. A fine or elaborate nightgown may be more important than an expensive skirt or hat. Unfortunately too many women ignore this fact. Externally they will be well dressed, while their petticoats, drawers and undershirts will be of the commonest quality and of questionable freshness and immaculateness. And if anything in a woman's toilet should be immaculately fresh and clean it is, I emphasize, her underwear.

Do Not Offend Against Esthetics. Some women think that because they are married to their husbands they owe the latter no esthetic consideration. Things that they would be horrified to let a stranger

see they do before their husband's eyes without hesitation. For instance, not to beat about the bush, though the subject is not a pleasant one, they will urinate in their husbands' presence, or they will let him see their soiled menstrual napkins, etc. Some husbands may not mind it; but some men are very sensitive—men on the whole are more esthetic than women—and an indifference towards the wife may have its origin in some vulgar or unesthetic procedure on the wife's part. The sexual act, as mentioned before, is a very delicate mechanism, and it is very easy to disarrange it. The act of micturition before the man is known in many instances to have instantly abolished the man's sexual desire which was present before. And a man told me that because he noticed in a closet a lot of rags soiled with menstrual blood he was unable to enjoy relations with his wife for several months. You may think that these are all small things, but life is made up of little things, and many a married life went smash on account of disregarding the little things.

Bad Odor from the Mouth. I know of no other physical ailment which is so dangerous, so fatal to the pregnancy of the love relation as is a strong, offensive odor from the mouth. As a noxious gas blights a delicate plant, so will a strong bad odor blight the delicate plant of love. Yes, a strong mal-

odorous whiff will cool the most ardent passion. The public would be astounded if it knew how many cases of separation and divorce are due to nothing else but a bad odor from the mouth. Therefore, if you happen to suffer from this unfortunate ailment, lose no time in applying to a competent physician, and do not tire of treating yourself, no matter how irksome and time-consuming the treatment may be, until you are completely cured. It is important to your happiness.

Odors from Other Parts of Body. Odors from other parts of the body should be conspicuous by their absence. Normally no artificial aids are needed. Frequent bathing and general cleanliness are alone sufficient. The natural feminine odor—*odor feminae*—is pleasant, attractive and needs no disguise. But where an unpleasant odor from the genitals, feet or armpits is present the proper treatment should be applied, and in such cases the use of a delicate perfume, sachet or scented talcum powder, is quite permissible. Not only permissible but advisable.

A very good treatment for perspiration and bad odor from the feet is the following: bathe the feet night and morning in a basin of water to which has been added an ounce (two tablespoonfuls) of formaldehyde solution. Dry carefully, and then rub in

well the following powder. It is simple, cheap and efficient:

Salicylic acid.....one dram
Boric acid.....one ounce
Dried alum.....two ounces
Talcum .....four ounces

A little of the powder should be shaken into the stockings every morning, and the stockings should be changed very frequently, once or twice a day. This powder is also efficient against perspiration and bad odor from the armpits.

I am not giving any treatment for bad odor from the mouth, for this condition may be due to a great variety of causes. The cause may reside in the nose; it may reside in the mouth, decaying teeth, throat, tonsils. It may be due to a bad stomach, to some disease of the lungs, etc. Sometimes it is due to overeating. What would be of value in one condition might be useless in another. The right thing, therefore, is to go to a competent physician, have him find the cause of your trouble and outline the proper treatment.

Leucorrhea. Some men find themselves *entirely unable* to have sexual relations with a woman whom they know is suffering with leucorrhea. The mere

knowledge of the fact takes away their *ability* to perform the act. It renders them impotent. It disgusts them, and disgust is fatal to sexual power. Only to-day I saw in my office a woman who anxiously begged for advice and treatment. She had been married five years. She has always had leucorrhea, from her fifteenth year as far as she remembers. Otherwise she did not suffer. For the first three years or so her married life has been a happy one. Then in an unfortunate moment she told her husband about her profuse leucorrhea, and instantly she noticed a change in him. He could not fully hide the expression on his face. And since then he ceased to have intercourse with her. He made a few attempts, but they turned out unsatisfactory to both, and she noticed that he was forcing himself, doing it against his will. She took some patent medicines and went to one doctor, but without any results. Now, unless she could be cured, she feared her husband would demand a separation or a divorce. If you have leucorrhea treat it. And remember you need not initiate your husband in all your unesthetic ailments.

Flirting. Do not flirt. Men are apt to misunderstand you, and you are apt to get the reputation of a loose woman without in any way having deserved it. I do not say that you should always wear a for-

bidding expression, and should scowl at people who dare to smile at you or otherwise pay homage to your feminine charms. But there is a difference between a friendly expression and flirting. However, when your husband begins to neglect you, then a mild flirtation may be justifiable. It will *always* do your husband good to know that there are other males in the world besides him, and that some of these males find interest in the female whom he considers his permanent and exclusive property.

Slovenly Husbands. Don't let your husband become a slob. That is just what I mean. It is no use mincing words. Some husbands never acquire the habit—or if they have acquired it they quickly lose it—of regarding their wives as ladies. "She is not a lady, she is only my wife," is a well-known joke, but some men take it not as a jest. Some men think that before their wives they can be as slovenly and unclean as they please. Give your husband to understand that cleanliness and fresh-ness is not a "sex-limited" attribute, and just as a husband wants his wife to be clean and dainty and well-groomed, so a wife may enjoy the same qualities in her husband. Some women are very fastidious, and while they may say nothing to their husbands for fear of irritating them, they may think a good deal.